DOCUMENT RESUME

ED 222 009 EC 150 077

AUTHOR	Woodard, Michael, Ed.; And Others
TITLE	Interagency Casebook.
INSTITUTION	North Carolina Univ., Chapel Hill. Technical Assistance Development System.
SPONS AGENCY	Special Education Programs (ED/OSERS), Washington, DC.
PUB DATE	May 82
CONTRACT	300-80-0752
NOTE	102p.; For related documents, see EC 150 072-076.
EDRS PRICE	MF01/PC05 Plus Postage.
DESCRIPTORS	*Agency Cooperation; *Cooperative Planning; Demonstration Programs; *Disabilities; Outreach Programs; Preschool Education; Program Descriptions; *Program Development; State Programs
IDENTIFIERS	*Handicapped Childrens Early Education Program

ABSTRACT

Intended for planners, administrators, and advocates of services to young handicapped children, the casebook is designed to create awareness of the key dimensions of interagency coordination; to describe practices that are replicable or adaptable to other settings and which may facilitate linkages; and to provide a framework for planning interagency efforts at local, regional, or statewide levels. The document is divided into two major sections. Section 1 (three chapters) contains the overview, theoretical base, and a framework for planning; Section 2 contains a series of detailed abstracts from eight selected HCEEP (Handicapped Children's Early Childhood Education Program) demonstration, outreach, and state planning projects. "A General Overview" by J. Roberts and R. Holland discusses some reasons for interagency coordination activities in the field of special education and uses examples of hierarchical and lateral coordination. Six phases for putting coordination into practice are outlined, and elements crucial for successful coordination activities are pointed out. Chapter 2, "Interagency Coordination for Young Handicapped Children" by J. Elder, discusses the advantages for coordination, examines its essential characteristics, describes roadblocks, considers some critical factors for coordination, and offers ideas for programs serving young handicapped children and their families. The third chapter ("A Framework for Planning" by M. Woodard, et al.) explores a general planning framework in three phases--preplanning, plan development, and plan implementation. Section 2 describes the following eight programs: Project SCOOTER for Hearing Impaired Children; Massachusetts State Implementation Grant; Family, Infant and Toddler Project; Williamsburg Area Child Development Resources, Inc.; Maine State Implementation Grant; Connecticut State Implementation Grant; Infant Stimulation/Mother Training Program; and Regional Demonstration Program for Preschool Handicapped Children. Program abstracts describe activities, the reasons for involvement, resources needed, positive outcomes, and failures. Appended materials include a chart of techniques for decision making, sample forms and letters, and a copy of an interagency agreement. (SW)

Managing Editor: Daniel Assael
Editorial Assistant: Patricia Grebe
Compositor, Printer, Binder: University of North Carolina Printing & Duplicating
Cover Design: Carol Spalding

Interagency Casebook was developed by the Technical Assistance Development System (TADS), a division of the Frank Porter Graham Child Development Center of the University of North Carolina at Chapel Hill. TADS is located at 500 NCNB Plaza, Chapel Hill, North Carolina 27514.

This book was prepared pursuant to contract number 300-80-0752 from Special Education Programs (formerly the Office of Special Education), U.S. Department of Education. Contractees undertaking such projects under government sponsorship are encouraged to express freely their judgment in professional and technical matters. Points of view or opinions, therefore, do not necessarily represent the Department of Education's position or policy. The enclosed selections are presented for information purposes only; no endorsement is made.

Gary Lambour, Special Education Programs Project Officer to TADS
Pascal L. Trohanis, TADS Principal Investigator
May 1982

Foreword

Interagency agreements, Intra Community Action Network, interdisciplinary teams, client pathways and case manager, comprehensive service planning, Interdepartmental Handicapped Children and Youth Planning and Coordinating Team, interprogram linkages, services integration, ecological assessment and enablement planning, coordination and communication across agencies, interagency policy statement, multi-agency funding, consortia of service agencies, and interagency collaboration councils.

Descriptors like those above and many others should be familiar since these terms appear in a growing literature and experience base on the topic of coordinating services to young handicapped children and their families. This concept is not new to us. As Audette reminded participants at a 1978 workshop at Dallas: "The cooperative approach to serving persons with handicaps has been tried many times and in many ways. Unfortunately the success stories are too few and the instances of 'paper cooperation' too many. Many of these agreements have been simply promises to cooperate. Cooperation, however, has not necessarily resulted in implementation of more or better services."

For a decade, the Technical Assistance Development System (TADS) along with demonstration, outreach, and state planning programs affiliated with the U.S. Department of Education's Handicapped Children's Early Education Program (HCEEP) have been solving problems and learning and sharing information about the complex, difficult, and occasionally rewarding experiences under the banner of interagency collaboration. *Figure 1* shows positive and negative statements often heard when discussing this topic. Some key questions are included.

Figure 1

Statements of Positives and Negatives of Interagency Coordination

Positives

- Cost efficient
- Helps promote comprehensive services
- Lessens or eliminates duplication of services
- Allows for better tracking system
- Broadens and improves communication
- Enhances effective use of existing services
- Fosters more appropriate placements
- Heightens accountability
- Enhances effective use of staff
- Heightens and broadens awareness
- Avoids fragmentation of services
- Allows efficient use of resources
- Enhances mutual support among service providers
- Allows agencies to cover larger geographic areas
- Helps develop a broader advocacy base
- Encourages monitoring by peers

Negatives

- Can be time consuming
- Can be frustrating and provoke anxiety
- Can create bureaucratic hassles
- Can create political problems
- Makes visible agency limitations
- Can be hard to work around different mandates
- High personnel turnover makes follow through inconsistent
- Lack of agency control
- Opportunities for miscommunication increase
- Kids can fall through cracks
- Can be hard to work within the democratic process
- Difficult to define case management responsibilities
- Hard to maintain positive relationships among staff
- Too many people to deal with
- Legitimacy may not be clear

Both positives and negatives are underpinned by these continuing questions:

- Who should be involved?
- What is the need, climate, and data available for interagency effort?
- How do we organize to plan, implement, and evaluate effort?
- How do we establish realistic expectations — both short and long term?
- What does the literature tell us, and what can we learn from promising practices?
- How do we ensure follow through?

Planners, administrators, and advocates of services to young special children must understand and deal with these diverse concerns. And, this requisite is especially true now as tax payer support dwindles and moves are made to limit spending and rescind legislation (which would dismantle all or much of what has been created for young handicapped children in this country).

Preschool services personnel no longer can avoid dealing with one another. The time has come to bolster our awareness, become informed, take initiatives, and be assertive in interactions with other agencies—whether the relationship is required or formal or neither. The revised "Framework on Responsibilities for and Coordination of Comprehensive Services for Handicapped Children," prepared jointly by the Mid-Atlantic and New England Regional Resource Centers (1981) states:

> *In order to agree to coordinate, agencies must share a common goal—providing a service to a handicapped child. Also needed is a common understanding of what services each is empowered to provide, what resources each has available to commit, to whom each is accountable, and which client groups are involved.* (page 14)

Purpose and Organization of this Casebook

This casebook attempts to help respond to many of the questions posed in *Figure 1* and to support the notion that an array of services should be available to children and families. Three principal purposes are presented for the reader:

- to create awareness of the key dimensions of interagency coordination;
- to describe practices that are replicable or adaptable to other settings and which may facilitate linkages among preschool planners, administrators, and advocates;
- to provide a framework for planning interagency efforts at local, regional, or statewide levels.

The text is divided into two major sections. Section I contains the overview, theoretical base, and a framework for planning. The first chapter, by Jane Roberts and Rick Holland, analyzes research and the broad base of descriptive literature on interagency collaboration. The authors describe key elements for putting coordination into practice. Chapter 2, by Jerry Elder, examines the need for a client- (preschooler) centered approach to interagency coordination and discusses how personnel can involve themselves in the process. Section I closes with a chapter by Pascal Trohanis, Michael Woodard, and Joy Hicks Cooper that presents a planning framework developed in 1980 by the U.S. Office of Special Education (now Special Education Programs), State Implementation Grant projects, Western States Technical Assistance Resource, and TADS.

Section II contains a series of detailed abstracts from selected HCEEP demonstration, outreach, and state planning projects. The abstracts describe activities, the reasons for involvement, resources needed, positive outcomes, and failures. The HCEEP projects are diverse in setting, client group, and intervention strategy.

We hope this text is useful as you engage in coordinating services for young special children and their families.

Michael Woodard
Joy Hicks Cooper
Pascal Trohanis

TADS
Chapel Hill, North Carolina
May 1982

Selected References

Audette, B. "Keeping Early Childhood Special Education a Priority in Your State." Keynote speech at workshop sponsored by TADS and WESTAR. Dallas, July 5, 1978.

Mid-Atlantic RRC and New England RRC. *Responsibilities for and Coordination of Comprehensive Services for Handicapped Children.* Washington, D.C.: George Washington University, June 1, 1981.

Section I

Foundations

Introduction
Chapter 1. A General View
Chapter 2. Interagency Coordination for Young Handicapped Children
Chapter 3. A Framework for Planning

Introduction

This part of the text provides general ideas that serve as foundations of interagency coordination activities. These diverse concepts are arranged in three chapters.

The first chapter provides an overview. The authors discuss some reasons for interagency coordination activities in the field of special education and use examples of hierarchical and lateral coordination. Following this material is a detailed description of a theoretical rationale (based on the literature) emphasizing six phases for putting coordination into practice. The authors close their chapter with elements they perceive as crucial for successful coordination activities.

The next chapter develops a finer focus on ideas for coordinating services to young handicapped children and their families. The author takes a short look at the advantages of coordination and follows with an examination of some essential characteristics. Then, five key roadblocks to interagency coordination are described. Next, the author highlights critical factors for success—such as a client-centered approach and trust relationships. The chapter closes with some suggestions to help programs that serve young special children.

The final chapter in this section aims to help the reader think about how to apply ideas from the previous two chapters. Specifically, the authors refer to a three-phase planning framework (preplanning, plan development, and plan implementation) to guide in the development of interagency activities. The authors offer detailed descriptions of each phase and its elements. The framework is specific, however, the authors believe that it is flexible enough to be adapted to many contexts and levels of interagency coordination planning.

7

Chapter 1

A General View

by Jane M. E. Roberts and Richard P. Holland

Litigation, legislation, and administrative actions at all government levels in recent years have had a tremendous impact on existing delivery systems charged with providing services to handicapped populations. Mandates requiring the placement of all school-age handicapped children in the least restrictive environment and the development of Individualized Educational Programs (IEP) are among the most recognized changes that face educators across the country. The most important challenge to the education system, however, is to meet the full-service goal of providing comprehensive educational opportunities to all handicapped students birth through aged 21 years—free and appropriate special education and related services without regard to cost. This goal has major implications for interagency coordination.

State education agencies (SEAs) and local education agencies (LEAs) responding to mandates, often identify coordinated service delivery patterns. Coordination does not mean integrated instruction across areas such as self-help, motor, and reading. Rather, it means collaboration or cooperation among agencies (*interagency* coordination) or among administrators within an agency (*intra-agency* coordination; in a school, intra-agency coordination can also mean cooperation among teachers to provide instruction to meet the needs of handicapped students).

This opening chapter discusses general issues and ideas related to the coordination of service delivery in special education. The discussion is based on research and practice in organization development, sociotechnical systems theory, and education, and it is intended to provide both a general conceptual base and some practical ideas to improve coordination in special education for young children and their families.

Some Reasons for Interagency Coordination

Diminished financial capabilities and a lack of broad-based instructional and diagnostic support personnel force many local education agencies (LEA) to consider establishing liaisons with public and private agencies that can provide desperately needed educational and supportive services. Such liaisons or cooperative interagency agreements may occur at any or all points in a program— identification, diagnosis, service program planning, program implementation (instructional, including related support services), program evaluation. Agencies might include:

- Educational Services (Title I, Special Education, Vocational Education);
- Crippled Children's Services;
- Social Services (Titles XIX, XX);
- Rehabilitations Services;
- Public Health Services;
- Mental Health or Mental Retardation Services.

One issue in the coordination of special education services revolves around the program's or agency's responsibility to provide a given service to a child. A 1975 Senate report on P.L. 94-142 designated the state education agency (SEA) as the responsible agency:

Presently in many states, responsibility is divided depending upon the age of the handicapped child,

> *sources of funding, and types of service delivered. While the Committee understands that different agencies may, in fact, deliver services, the responsibility must remain in a central agency overseeing the education of children.* (Martin & Richmond, 1980, page 245)

Only through strong working relationships within and among agencies at the state and local level can such services be delivered in a coordinated, efficient manner.

The U.S. Senate and House subcommittee oversight hearings on P.L. 94-142 provided a major sounding board for consumer and advocacy groups and administrators and providers from agencies that deliver services to handicapped persons and their families. Special education coordination was one of ten most frequently cited topics in the hearings. The issues (that relate to special education coordination) presented in those hearings are summarized below:

- *Interagency coordination and increased related services are imperative in order to provide an appropriate education. These themes ran throughout all testimony presented.*
- *The discrepancy between educational legislation which mandates full total education and related services for handicapped students versus legislation which permits other agencies to provide related services to the same population on a selective basis was highlighted by several state directors of education and school superintendents.*
- *It was suggested during testimony and in meetings with representatives of Congress that legislation governing associated agencies should be modified to assure that these agencies "are not relieved" from providing the necessary social, health, and diagnostic services to handicapped children. Often P.L. 94-142 funds are being used to buy services which were once provided by other related agencies. NASDSE* (National Association of State Directors of Special Education) *testimony stated that the above posture "results in the dilution of the instructional dollar .... Did Congress intend SEAs to provide total fiscal subsidy and total case management for all handicapped children, or do other agencies have responsibilities as well?"*
- *SEA personnel generally reported difficulty in achieving the general supervision requirements of the law. Difficulties in monitoring educational agencies other than those which are state and local indicate a need for policy clarification in this area.*
- *Dr. Edwin Martin, of BEH, and Wilbert Cheathum, of OCT agreed that continued efforts in establishing and implementing interagency agreements are needed and are a priority. The degree to which these efforts are being undertaken is discrepant, according to testimony.* (NASDSE, November 19, 1979)

Often, the effective delivery of related services is the purpose of special education coordination. According to the joint testimony of the Council of Chief State School Officers and NASDSE (before the House subcommittee), the implementation of this aspect of P.L. 94-142 is impeded by "state governance structures, federal regulations which limit and complicate interagency action, and the wide range of services for which these (human service) agencies are responsible" (McLaughlin & Christensen, ND). Accountability seems to be a major problem. According to the testimony, many human service agencies claim P.L. 94-142 relieves them of their responsibility to school-aged handicapped children because the law requires the state education agency to monitor and supervise delivery regardless of which agency delivers the service.

The Education Advocates Coalition (EAC), which represents 13 advocacy groups, identified ten major problems which must be addressed by the U.S. Bureau of Education for the Handicapped (now, Special Education Programs—SEP) to implement fully P.L. 94-142. One of the ten problems was that "handicapped children frequently are denied related services, such as physical therapy, occupational therapy, school health services, and transportation, essential to enable them to benefit from special education." According to EAC, the delivery of these related services is impeded by the failure of LEAs and SEAs to establish interagency agreements which would result in the purchase or delivery of these services by other agencies. A lack of functional agreements leads to a loss of services; when coordination is inadequate, the quality and quantity of services suffers.

Special education coordination is not without its problems, especially since both hierarchical and lateral coordination appear necessary (see *Figure 1*).

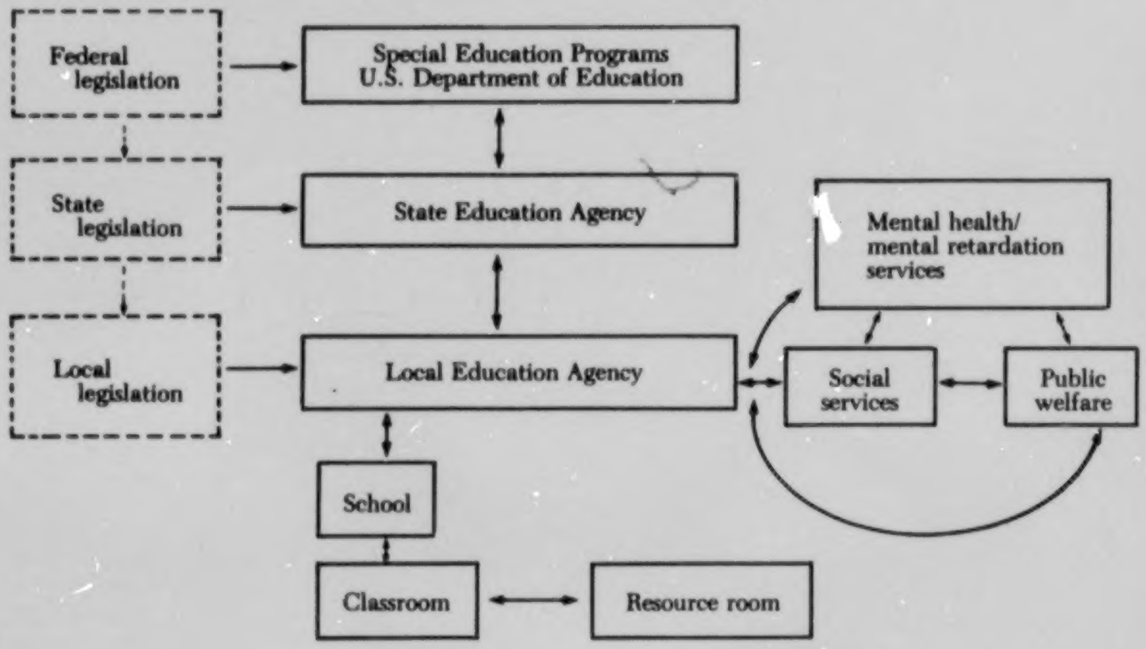
A Theoretical Rationale

In the case of special education coordination, a knowledge base can inform those involved in the development and implementation of interagency efforts. This section analyzes the relevant literature, beginning with a general definition of coordination and then continuing with a detailed discussion of putting coordination into practice.

A Definition

We may agree with Aiken and Hage (1968) who point out that the increased need for resources makes coordination increasingly attractive. At the same time, we recognize that the educator's need for autonomy interferes with effective collaboration (Derr, 1976, page 234).

Figure 1
Examples of Hierarchical and Lateral Coordination



If we recognize the realities of reduced resources, increased concern for early identification and early intervention for special kids, unnecessary duplication of effort, and the problem of accessing relevant knowledge, we ought to accept the responsibility of attempting to coordinate efforts—in spite of the difficulties we will encounter.

When two or more individuals, units, divisions, or agencies work together to accomplish a specific task, the relationship may range from a vertical director/subordinate structure to a horizontal structure of equal partnership (i.e., coordination). A high interdependence occurs with coordination; members act on the following assumptions:

- *Participating members . . . share organizational resources.* (*Interorganizational Arrangements*, Final Report, 1980, page 22)
- *Each party is dependent upon the others for the accomplishment of the activities that each, on its own, could not accomplish.* (Millsap, 1978, page 3)
- *There is a willingness to align one's own purposes with those of diverse others and to negotiate mutually acceptable compromises.* (Trist, 1978, page 331)
- *There is a common understanding of expectations of what each party is to do, including knowledge of the constraints or limitations under which each party is operating.* (Millsap, 1978, page 4)
- *Mutual adaptations in a number of different areas will become necessary.* (Aiken & Hage, 1968, page 916)
- There are: *active working partnerships among individuals and organizations; shared responsibility and authority for policy making; equal investments and benefits for participants; common understanding of expectations, responsibilities, and constraints; interdependence in carrying out activities; organized format*

for communicating and planning; shared information and development of a common plan of action. (Interorganizational Arrangements, Lit. Review, 1980, page 8)

As implementation of the coordination effort gets underway, the following may become apparent:

- *Organizations attempt to maximize their gains and minimize their losses—they want to lose as little power and autonomy as possible in their exchange for other resources.* (Aiken & Hage, 1968, page 916)
- *The key elements . . . are equity and dependability . . . . (members) experience balanced outcomes in terms of reward for effort . . . depend on one another to provide goods and services required to fulfill the contract on a regular basis.* (Pasmore *et al*, 1978, pages 352-353)
- *Political conflicts over interorganizational and intraorganizational "turf" may develop. (Interorganizational Arrangements*, Final Report, 1980, page 41)
- *Leaders sacrifice a small amount of autonomy for gains in staff, funds, etc.* (Aiken & Hage, 1968, page 915)
- *Cooperation in organizations is the result of a series of exchanges . . . . If these exchanges take place . . . and if agreements reached are perceived to be equitable, a cooperative system will develop.* (Pasmore *et al*, 1978, page 350)
- (Imbalance results in) *the more dependable party demanding greater rewards or offering less effort.* (Pasmore *et al*, 1978, page 353)

Putting Coordination into Practice

Usually, coordination requires individual and organizational change, and this change itself is an innovation. In planning and implementing a new effort, such as interagency coordination, phases of activity are likely to loop, spiral, or run simultaneously. Six phases seem most important:

1) Identify/modify constraints/opportunities
2) Mobilize support
3) Plan
4) Provide training and assistance
5) Implement by increment—topic, site, population, or organizational unit
6) Design and conduct monitoring

These six phases require appropriate communication, leadership, participation, and motivation among the parties involved in the interagency process (Roberts, 1978, page 123).

These phases were identified by analysis and synthesis of the results of major studies of educational change and are very similar to the stages of collaborative efforts discussed in the Final Report of *Interorganizational Arrangements* (1980, pages 22-23):

- Formation—determination of common interests, commitment, leadership by a few dedicated people;
- Clarification—alternatives are considered, style/philosophy tentatively are developed;
- Maturation—issues of purpose are resolved, policies developed;
- Permanence—proven success leads to high credibility and long-term success.

The remainder of this chapter uses these six phases of implementation as a framework to review the literature on coordination.

Constraints and Opportunities

Following the rationale of Lewin's force-field analysis, begin the coordination process by reducing the negative influence of any barrier rather than enhancing any facilitator (which often can increase the strength of the resistance). Barriers to coordination fall into three categories: resources, motivation, and leadership. Staff time and expertise are resources most affected by coordination. When funds are allocated for products, facilities, or equipment rather than people, coordination is difficult.

An organization with no surplus reserves available could hardly afford a joint program . . . . There must be some slack in the resource base . . . before any innovation of cooperative venture is likely. (Aiken & Hage, 1968, page 915)

Consider three strategies:

- Reallocate funds to buy competent staff;
- Reconsider priorities that result in reassignment of staff or accountable tasks;
- Negotiate so contribution to the coordination effort demands less staff time or expertise.

Two barriers develop when assigning staff to collaborative projects: unskilled people are assigned or, despite skill, people are overloaded. Subject-specific expertise is not necessarily the primary criterion for selecting staff. Rather, those involved in linking one program with another should be individuals who have process expertise, have strong negotiating skills, and who are not already suffering role overload (Gross & Mojkowski, 1977). Also, these people need a reservoir of personal energy to sustain progress during setbacks and conflicts, and they must have a wide repertoire of systematic problem-solving skills (Crandall, 1977).

Coordination is effective when each individual understands what each will do and the constraints each will encounter (Rath & Hagans, 1978, page 15, citing Millsap, 1978). Though tasks cannot always be prescribed clearly (Pasmore *et al*, 1978). It should be understood that collaboration requires work restructuring and task redefinition at every level of activity (Pasmore *et al*, 1979; *Interorganizational Arrangements*, Final Report, 1980, Trist, 1978). Therefore, any individual or group coordinating with others needs to be motivated by a belief in the value of contributing to a common goal (Pasmore *et al*, 1978).

Probably the strongest barrier to effective coordination is the fear of loss of organizational autonomy and program visibility (Kelty, 1976). "Suggestions that they share their sacred domains with other groups not only evoke noncooperation, but outright combativeness" (*Interorganizational Arrangements*, Final Report, 1980, page 40). To reduce this barrier, personnel must establish operating procedures that ensure equal power and particiaption—ground rules. Early negotiations also identify specific areas or audiences that may be "off limits."

Aldrich (1979) describes another strategy:

> *Leadership within action sets will be assumed by the most powerful or influential organizaiton, and the greater the concentration of power in the hands of one organization's authorities, the easier the action set coordination will be.* (Aldrich, 1979, page 320)

This does not necessarily mean a director/subordinate relationship. Power and influence judiciously used do not exclude participatory decision making and equal distribution of work and rewards. Early awareness of the capabilities of participants with acceptance of one organization or individual in the leadership role may save a great deal of time and energy.

Commitment and Support

Coordination of efforts to improve special education requires an extremely complex set of activities to generate commitment and support.

> *The organization management and the operational staff must both be persuaded that collaboration is advantageous.... Operating conditions include:... cadre of highly committed people...to contribute time and energy...sustained support of individuals with organizational power...steps taken to establish credibility...and the agencies involved must be motivated by active interest rather than passive good will. (Interorganizational Arrangements*, Final Report, 1980, page 21)

The generation of comitment and mobilization of support are simultaneous, multidirectional, and ongoing. For instance, from the teacher's perspective:

> *The RAND study indicates that effective support—from district staff and school principals—includes moral support illustrated by acceptance and approval of the project, reinforcement and enthusiasm toward teachers putting classroom improvements into practice, and establishment of good working relationships between and among individuals and groups involved in the project. Practical support is illustrated by real commitment of resources, provisions for training and ongoing assistance, and classroom visits followed by constructive feedback.* (Roberts, 1978 referring to Berman *et al*, 1977)

To encourage commitment, organize "advocacy campaigns" and work at "achieving a positive image" *(Interorganizational Arrangements*, Final Report, 1980, page 21); "identify and tap specific motivators; and team so that the security and survival instincts of those who want to maintain the status quo are balanced by the energy of the innovative risk takers" (Roberts, 1981, page 15). Clear rewards also encourage individuals involved in collaborative efforts (Gross & Mojkowski, 1977). Rewards may include recognition (e.g., pay raise, promotion, public acknowledgement), release time, and opportunity to develop new skills.

Planning

Planning is a process that should be flexible or adaptive to deal with unexpected problems.

> *The basic approach of interactive planning is to "make it happen"...the design of a desirable future and the invention of ways to bring it about.... It focuses on all three aspects of an organization—the parts (but not separately), the whole,* and *the environment. Instead of planning away from a current state, we start planning toward a desired state.* (Ackoff, 1977, page 39)

When initiating planning/negotiation for coordination, there must be a clear statement of intent (Gross & Mojkowski, 1977); anticipation of barriers (Gross & Mojkowski, 1977); establishment of mutually acceptable ground rules; and identification of common group interests *(Interorganizational Arrangements*, Final Report, 1980).

The initiator (organization or individual) might select an activity of high interest and relatively low "turfdom" (such as parent involvement) or a task of clear cognitive dimensions (such as assessment of child needs) rather than one with potentially high affective dissonance (which will vary from one organization to another). Participants should: "insure the meaningful participation of member groups (Congreve, 1969, page 184); have realistic parameters (Gross & Mojkowski, 1977); focus on a specific project or task (Rath & Hagans, 1978); and determine "a relatively narrow range of focus...with few objectives... (*Interorganizational Arrangement*, Final Report, 1980, pages 20-22). See Chapter 3 of this text for more information on planning strategies.

Training and Assistance

Coordination rules may originate from a federal, state, or local agency and are to be implemented by the various levels of the educational system. And each level has a responsibility to provide training and/or technical assistance to those at similar levels or lower in the hierarchical structure. *Figure 2* presents barriers and facilitators to training and assistance (Roberts, 1978, page 121). The implicit message is that everyone needs to understand what is going on. Relevance and clarity are the keys.

Incremental Implementation

It already has been advised to introduce coordination cautiously, selecting an area of activity that is relatively safe and will bring a quick initial success. When one element or program has been incorporated, another may be introduced. If leadership, motivation, and resources are good, several elements or programs may be involved quickly.

At the operational level, keep two points in mind: 1) there should be careful sequencing of tasks and specific division of labor (Gross & Mojkowski, 1977) and 2) collaboration works most easily when tasks are straightforward (Crandall, 1977).

Monitoring

It would be desirable for members to participate in the design of a monitoring system or to review criteria for success. Specific approaches include: an action research model; ethnographic participant observation resulting in a descriptive analysis; systematic documentation by members followed by document analysis; external study of elements determined by representatives.

Communication, Information, and Power

Throughout all six phases of interagency activity, which may loop, spiral, or operate simultaneously, attention must be paid to one critical aspect—communication. Communication represents the patterns or structures that influence the flow of information; the mechanisms used (formal and informal); and the nature, amount, and purposes of messages received and transmitted.

There is considerable evidence that indicates the traditional pyramid communication structure is inappropriate in a complex collaborative effort (which may be described best as a dispersed organization).

> *The dispersed client-centered organization appears to require an organizational structure that maximizes the flow of information between the various members rather than relying on rules and standard procedures.* (Louis & Sieber, 1979, page 189)

This suggests matrix management as one possible alternative—participants may be directly accountable to a program supervisor and also required to share information with a coordinator.

Figure 2 Processes—Training and Assistance

Facilitators	Barriers
Use of synergy — demonstration* — experiential learning* — psychological reinforcement* — face-to-face communication* — quality materials/clear information* — concrete activities/assignments* — feedback mechanisms* — regular/frequent in-school meetings* — cross-school meetings — mutually agreed assessment measures* — ongoing assessment*	Role confusion* Role overload* Vulnerability* Lack of comprehension* Isolation* Early/threatening evaluation Invisibility Threat of punishment
Use of incentives — recognition for accomplishment* — in-service credit* — perceived achievement* — opportunity for professional growth* — increased responsibility* — allowance for individual differences — allowance for release time	Variability Teachers' lack of time
*supported by several studies	*supported by several studies

Another structure might be a network in which information sharing (rather than direction) is emphasized (Pasmore *et al*, 1978). A network allows each participant to maintain a slightly higher degree of autonomy than is possible in a matrix. No matter what structure is used, this point is essential:

> *More highly differentiated organizations, which are characterized by decentralization and autonomy between departments, require greater efforts and a larger number of formal mechanisms to achieve integration.* (Louis & Sieber, 1979, page 57, citing Lawrence & Lorsch, 1967)

In coordination of differentiated groups, three main points should be considered. First, individuals involved in interagency activities initially may suffer role confusion and continue to suffer frustration or feelings of inadequacy. In this case "the support and influence of peers might be of equal or greater importance than communication with a supervisor" (Louis & Sieber, 1979, page 108).

Next, the complexity of coordination results in many individuals having a variety of information which may or may not be useful to other members. Here, traditional formal upward reporting is not cost effective, but social networks are extremely important (Louis & Sieber, 1973, page 31). Thus, participants need to have legitimate opportunities to interact with their counterparts.

Third, managers need accurate, up-to-date information (Louis & Sieber, 1979). And they should not wait for formal end-of-the-month reports. Lateral communication will reduce the burden on supervisors and expand the problem-solving resources (Louis & Sieber, 1979; Pasmore *et al*, 1978). Supervisors need to give immediate feedback so that staff learn to be properly selective about information offered. Supervisors also need to recognize the difficulties of collaboration and to adopt an interactive problem-solving management approach rather than an authoritarian stance of high distance.

Though rational behavior and data-based decision making is ideal, "under circumstances of imperfect knowledge, some decisions undoubtedly will be irrational" (Aiken & Hage, 1968, page 916). Since effective decision making is a combination of relevant information and competent leadership, messages might fall into two categories: substance and process. The former is determined partly by the task at hand and partly by the formal and informal structures used. The latter is more affective than cognitive, often unspoken, and relates more to the use of power and influence.

Power is a resource; influence is a process. (Compare: a principal has power of position but can be ineffective in use of influence; a teacher's aide has little power but can bring influence to bear in a variety of ways.) "To the extent that power interferes with mutual cooperation it should be redistributed" (Pasmore *et al*, 1978, page 362). Influence must be applied to reduce the impact of rank and status that results in cross-level conflict. And such influence cannot be motivated by a desire for personal gain or organizational visibility. It must also be understood that in any situation one individual or organization will take a leadership role and. . .

> *take the initiative to ensure that members are brought together, that collegial relationships are formed, that information is exchanged, and so forth. . . . The strong leader in this instance will behave as an idea broker and consultant rather than a source of firm and final decision.* (Louis & Sieber, 1979, page 95)

Some Closing Thoughts

This closing section presents the authors' opinion on some elements perceived to be most crucial to successful coordination.

Structure

Units within an organization (such as a local education agency) or units of several organizations (agencies in education, health, and welfare) can agree to work together for a common purpose. This collection of units may be called a collaborative. As work gets underway, task areas are determined and staff are assigned. These work groups may be called action sets. Theoretically, each action set is equal to the others, and each unit of the collaborative is equal to other units. In practice, control fluctuates according to the nature of the work in hand. Over time, all may be equal, but at any given moment, there is a subordinate/superordinate relationship. However, if a collaborative and its action sets were presented as an organizational chart, the traditional pyramid of boxes would *not* be appropriate. Instead, we might see a wheel with loosely coupled action sets at the ends of the spokes. *Figure 3* illustrates one possible structure in which a coordinator of a local education agency provides central leadership for service delivery to schools.

Leadership

While functional leadership may occur within and between action sets (with individuals taking charge according to the expertise needed for specific tasks), the overall leadership of the collaborative is *not* shared between units. Rather, an individual (often the initiator of the project) becomes the leader. This person energizes the effort, initiates the structure, and coordinates the activities. He or she is nonpartisan, responsive to the needs of individual units or action sets, and consistently acts for the best interests of the collaborative as a whole. The role may be rotated, perhaps by election, but the characteristics remain constant and should reflect a humanistic philosophy that encourages coordination rather than competition.

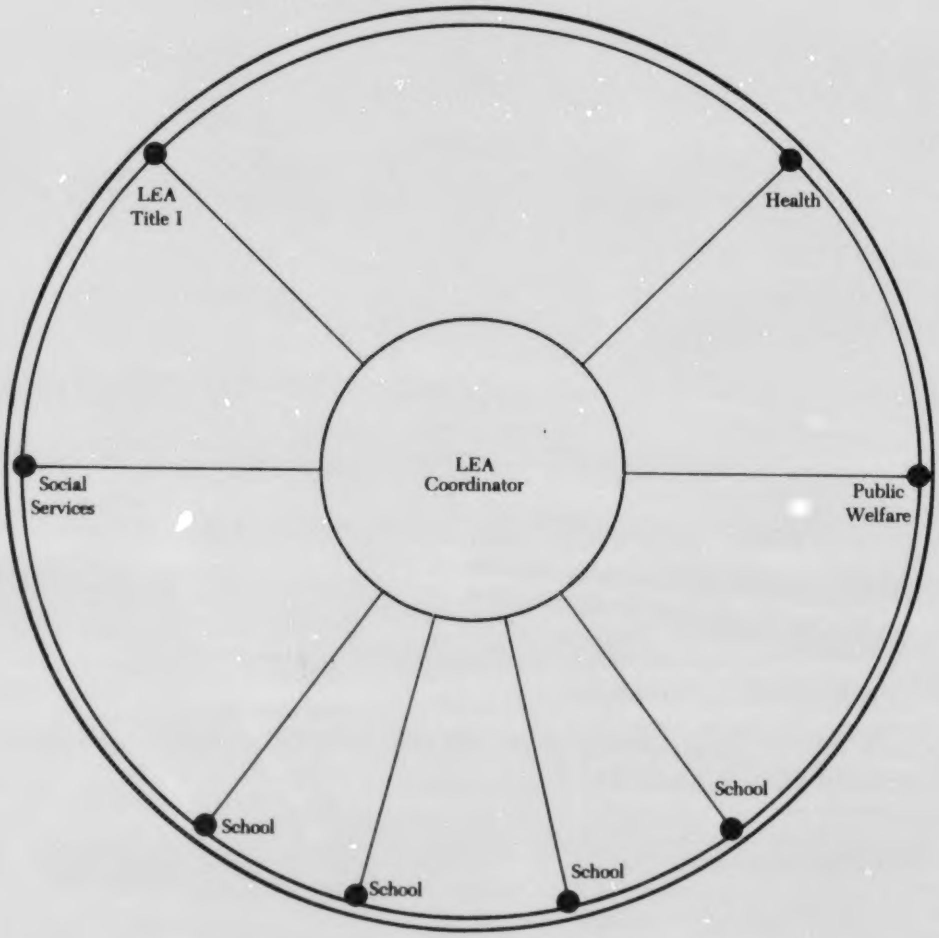
Values

The introduction to this paper implied that coordination will help improve services to young handicapped children and their families. This may be true, but it probably is not true in all cases for all tasks; we should not jump on yet another band wagon if it will not take us where we need to go. Ineffective collaboration could well be more expensive than any individual project.

Coordination should occur when it is feasible and desirable to share resources, when the same task needs to be accomplished by several groups, and when several groups can benefit from shared information. Even on a small scale when the needs of one special child can be satisfied by the knowledge and skills of two or more teachers, collaboration should occur. When we all have an equal stake in the consequences—good or bad—we should work together.

Figure 3

Interagency and Intra-Agency Coordination at the District Level



References

Ackoff, R. L. The Corporate Raindance. *The Wharton Magazine*, 1977, pp. 36-41.

Aiken, M., & Hage, J. Organizational Interdependence and Intro-organizational Structure. *American Sociological Review*, 1968, pp. 912-930.

Aldrich, H. E. *Organizations and Environments*. Englewood Cliffs, New Jersey: Prentice-Hall, 1979.

Congreve, W. J. Collaboration for Urban Education in Chicago: The Woodlawn Developmental Project. *Education and Urban Society*, 1969.

Crandall, D. P. An Executive Director's Struggle to Actualize His Commitment to Collaboration. *Applied Behavioral Science*, 1977, 13.

Derr, C. B. OD Won't Work in Schools. *Education and Urban Society*, 1976, 8, 227-261.

EDGAR. Education Division General Administration Regulations. Part II, Department of Health, Education and Welfare. *Federal Register*, 1980, 45 22524.

Gross, N., & Mojkowski, C. Interorganizational Relations Problems in the Design and Implementation of the Research and Development Exchange. In M. Radnor, D. Hofler, R. Rich (Eds.), *Information Dissemination and Exchange for Educational Innovations*. Evanston, Illinois: Northwestern University, 1977.

Literature Review and Final Report. *Interorganizational Arrangements for Collaborative Efforts*. Portland, Oregon: Northwest Regional Educational Laboratory, 1980.

Kelty, E. Is Services Integration Dangerous to Your Mental Health? *Evaluation and Change*, 1976, 3.

Louis, K. S., & Sieber, S. D. *Bureaucracy and the Dispersed Organization*. Norwood, New Jersey: Ablex, 1979.

McLaughlin, J. A., & Christensen, M. *A Study of Interagency Collaborative Agreements to Discover Training Needs for Special Education Administrators*. Executive Summary prepared for Bureau of Education for the Handicapped. Virginia Polytechnic Institute, Syracuse University, nd.

Martin, E. W., & Richmond, J. B. An Historical Perspective. *The Journal of School Health*, May 1980, pp. 244-245.

National Association of State Directors of Special Education. *Liaison Bulletin* (supplement). November 17, 1979.

Pasmore, W. A., Srivastva, S., & Sherwood, J. J. Social Relationships and Organizational Performance: A Sociotask Approach. In W. A. Pasmore, J. J. Sherwood (Eds.), *Sociotechnical Systems: A Sourcebook*. La Jolla, California: University Associates, 1978.

Rath, S., & Hagans, R. *Collaboration Among Schools and Business and Industry: An Analysis of the Problems and Some Suggestions for Improving the Process*. Portland, Oregon: Northwest Regional Educational Laboratory, 1978.

Roberts, J. M. E. *Implementation of Innovations in Educational Organization and Instruction*. Philadelphia: Research for Better Schools, 1978.

Roberts, J. M. E. *Collaborative Planning Between an R&D Agency and a State Education Agency: A Case History*. Paper presented at the annual meeting of the American Educational Research Association, Los Angeles, April 1981.

Trist, E. L. Collaboration in Work Settings: A Personal Perspective. In W. A. Pasmore, J. J. Sherwood (Eds.), *Sociotechnical Systems: A Sourcebook*. La Jolla, California: University Associates, 1978.

The authors:

Jane M. E. Roberts and Richard P. Holland are staff members of Research for Better Schools, Inc., Philadelphia.

16

Chapter 2

Interagency Coordination for Young Handicapped Children

by Jerry O. Elder

Introduction

Coordinating services and determining responsibilities in all areas of human service delivery are complex tasks. Service fragmentation, gaps, duplication, poor follow-through, turf issues, and other problems have been discussed often. And, solutions to these issues are as varied as the problems they present.

Community programs that serve preschool handicapped children often are categorical and have overlapping responsibilities for this same target population. For this reason, the need to coordinate services provided by these various agencies and programs to the early childhood handicapped population is especially important.

This chapter will discuss the advantages for coordination, examine its essential characteristics, describe roadblocks, discuss some critical factors for coordination, and offer ideas for programs serving young handicapped children and their families.

Advantages for Service Coordination

The best way to solve the problems of categorical service programs is to establish community interagency groups that can coordinate the different components of the delivery system. These groups usually are called interagency teams, councils, or task forces. Though state and federal support for this concept is important, the initiative and basic working component must originate from the community. An interagency council composed of service providers at the local level is in a position to pull the various factions of the delivery system together around the needs of the individual handicapped child. Projects such as the Handicapped Children's Early Education Program (HCEEP) are part of the community delivery system, and project staff should be an integral part of such a council. The advantages of coordinating services through an interagency council are many.

- Service providers and administrators become aware of what other agencies offer. So, their ability to coordinate services, establish better linkages, and coordinate planning efforts is enhanced.
- Reducing duplication of effort and using staff energies efficiently help expand services or hold service levels constant when resources are reduced.
- Mutual respect builds within participating service delivery systems.
- When agencies work collectively, they are apt to take their cues for direction from the clients' needs rather than an agency's perspective.

- Though studies have not been done to validate the cost effectiveness of community interagency coordination, there is a general feeling in communities where it occurs that it is cost effective, and it is the right thing to do.
- The activity is self-perpetuating. Service providers and administrators get to know each other better and establish the necessary trust relationships that allow them to work together effectively.

Essential Characteristics of Service Coordination

Client Population

The chance of succeeding in any service coordination process is improved greatly if the effort can be focused on a small group such as early childhood special education, and if it can be limited to a specific community or small geographic area. If fewer agencies are involved and fewer clients are targeted, effective lines of communication and working relationships can be established move easily. Gilbert and Specht (1977) showed that interagency coordination projects with fewer than a dozen agencies are more likely to work than those with more agencies. In large urban areas success is jeopardized if coordination attempts are not broken down into subgroups.

Family

Programs such as HCEEP are aware of the importance parents play in the early education of their handicapped child. Parents and extended family as part of an interagency team can share case management responsibilities.

Rural Service Delivery

Existing natural helping networks should be considered in any service coordination effort, especially in rural areas. Traditionally, friends and neighbors deliver human services in rural areas. They and others encounter many problems. For example, communication and transportation are more difficult in rural areas than in urban areas. Telephone service sometimes is not available in remote areas, and public transportation usually is lacking. Distances are great and the availability of a car is often unpredictable. Other resources needed to meet the needs of handicapped individuals in rural areas are sparse. Consequently, human services personnel are often frustrated because they cannot provide the assistance requested. Professionals who see rural clients in universities must recognize these problems so they don't prescribe treatment or services that aren't available where the client lives. Interagency coordination in rural areas can help guide universitites and other distant providers in allocating resources and addressing collectively problems inherent in rural service delivery.

Characteristics of Delivery System

The characteristics of the delivery system and the professionals who work in it play an important role in the organization of any coordination process. Each major service delivery system has its own model of service delivery and years of tradition and experience, based on methods used under such models, which must be dealt with when crossing over into other systems. Each of the service delivery systems probably was developed independently in response to a need in its areas of speciality. Educators consider their model, which concentrates on learning and behavior, the most appropriate model for serving the handicapped. Health professionals argue that their medical model, which concentrates on the symptoms of disease and the physician's role, is most appropriate. Social workers feel the model should focus on economic status, living conditions, and individuals who influence the handicapped child's environment. The potential for dissonance between models is present in any interagency initiative.

Each of these models has a role in providing services to the handicapped child. And, these models can work together harmoniously if the professionals and administrators involved decide which combination of approaches is appropriate for service delivery in their particular community. The approach used in one community may be unacceptable in another, and these differences should not be discouraged. Crossing over and combining service delivery models is an effective strategy to develop service coordination arrangements.

Roadblocks to Service Coordination

A number of roadblocks exist that can inhibit interagency coordination.

- Resistance to change is a great inhibitor. People become comfortable with the *status quo* and are very resistant to any type of change in their work methods or procedures. It is very difficult to overcome years of tradition in an existing service delivery system.
- The issue of control is another roadblock. Professionals are taught they must be in control of a child's situation in order to accomplish a treatment program. And one of the first rules of good management is that to administer a program, you must have control of resources. In interagency coordination, however, professionals and administrators must share control with

others. Therefore, the issue of territoriality must be considered. Since the territorial issue is less prevalent in the community than at the state level (Elder, 1981), collaborative efforts at the community level have been more successful than statewide efforts.

- Uninformed or misinformed community professionals (especially those in private practice) often inhibit service coordination efforts. Physicians in private practice sometimes are unaware of the latest educational programs available for various types of handicaps, so they may misinform parents. Physicians in private practice also may be unwilling to accept input from other professionals in the areas of special education, social work, and psychology. Physicians who have recently completed medical school training programs, especially those who have gone through interdisciplinary training for the developmentally disabled, usually are more open to nonmedical models. Most professionals in private practice in small communities have neither the time nor the interest to stay informed of the latest advances in caring for handicapped children. Many also are uninformed of the complexities of the delivery system required to provide services for these children. The primary-care physicians and other private practice professionals who provide services to handicapped children must be involved in any interagency network.
- Professional jargon is used in all disciplines. And the jargon usually is unique to each particular discipline or service delivery system. Problems occur when different disciplines join to meet the needs of a multihandicapped child.
- Piecemeal additions to various programs formed without any long-range or continuous plan has resulted in fragmented delivery systems. Lack of communication and coordination among various federal and state agencies adds to the confusion. Increasing numbers of free-standing programs means duplication of effort in some areas, gaps in services in other areas, and confusion for consumers. Also, roles and functions of the many agencies involved are ambiguous. This dispersion of authority and responsibility means that no person or agency interprets overall needs, develops priorities, monitors progress, or presents achievements for services to the handicapped.

Critical Factors for Coordinating Services

To overcome some of the roadblocks discussed, preschool planners must recognize some critical factors that must permeate the interagency effort.

Client-Centered Approach

The concept of service coordination is nothing new in the human services arena. During the 1960s, many attempts were made to link programs. Community action agencies, model cities, the Inter-governmental Cooperation Act of 1968, and the Integrated Grants Administration are a few examples. In 1971, Elliott Richardson, then Secretary of the U.S. Department of Health, Education and Welfare, issued a memorandum designed to make coordination of services a national policy. Another major activity was the federal support of 45 Services Integration Targets of Opportunity (SITO) Projects; most involved state or local interagency linkages.

The success of most of these attempts at improving service coordination was short term, and there were many reasons. A major factor was the effort to coordinate the system itself rather than the services around the client. Importance seemed to be placed more on designing new delivery systems, management techniques, and cost-cutting mechanisms, than on finding better ways to serve clients. To coordinate services successfully, it is essential to make the recipient of services—the young handicapped child—the focus for any change.

Effective Communication

Good communication is important. Wiener (1963) suggested that communication is the cement of organizations that enables group thought and action. In a study on interorganizational relationships of agencies that deal with problem youth, Hall and Clark (1975) found that conflict between organizations can be handled positively through good and frequent communication patterns. Hage (1975) also stressed the need for effective communication.

The idea of communication as a coordination mechanism seems logical based on the assumption that a major problem is that situations change too fast. This requires an almost continuous flow of information. Open, direct communication by agency staff leads to trust and mutual support (Hall, 1980).

Trust Relationships

Procedures designed to build interpersonal relationships cannot be successful without trust among all parties concerned with the process of delivering human services. In recent years, consideration of interpersonal relationships has eroded. In retrospect, it seems some laws, mandates, and service programs were implemented in response to a growing distrust among professionals, consumers, service agencies, and the general public. For example, the federal mandate for individualized programs grew out of a conviction that service delivery systems were not addressing and monitoring effectively the special needs of certain individuals. The decline of trust has been accompanied by a proliferation of service coordination and case management procedures. Therefore, it seems counterproductive to recommend procedures to counteract this pattern without first addressing the basic ingredients of trust among all parties to the service coordination and delivery process (Hall, 1980).

Development of Positive Attitudes

A positive attitude is crucial to build trust and effective communication. So, personalities of service providers and administrators and the attitudes they exhibit are key factors of the outcome of any service coordination process. Beliefs, values, self-confidence, ability to empathize with the client, motivation, and other personal factors influence day-to-day behavior.

Positive attitudes will get positive results; negative attitudes will get negative results. Pessimistic, suspicious, or blindly critical staff hurt efforts of agencies to cooperate. Understanding, confident, patient, sincere, considerate, enthusiastic staff often can overcome the strongest bureaucratic roadblocks.

Preschool Projects' Role

The efforts of diverse programs such as HCEEP can influence community collaboration efforts. The *Interagency Workbook for Serving Preschool Handicapped Children* (AAUAP, 1980) has been particularly effective (the workbook was field-tested at three communities). The book outlines procedures community agencies should follow to assess the needs and resources for preschool children and provides a mechanism for determining service gaps and areas of duplication.

Interagency coordination efforts can benefit the community, parents, children, and the HCEEP projects and other agencies involved in the delivery of services. And, as communities work to coordinate efforts to serve the early childhood handicapped population, those individuals in preschool projects that plan these systems should keep in mind these considerations*:

- The system should be as simple as possible.
- Decision-making power should be placed in the community close to the recipient of services.
- The system should be flexible and allow for choices.
- The system should be responsive to the needs of the target population.
- The system should be adaptable to new ideas, to changing situations, and to new knowledge.
- Finally, the system should be accountable.

References

AAUAP. *Interagency Workbook for Serving Preschool Handicapped Children*. Washington, D.C.: American Association of University Affiliated Programs for the Developmentally Disabled, 1980.

California Office of Statewide Health Planning and Development. *Issues in Planning Services for California's Children and Youth: The First Step*. Sacramento, 1980.

Elder, J. *Final Report, Bureau of Community Health Services and Office of Special Education and Rehabilitation Services Interagency Collaboration Conference, December 1-3, 1980*. Portland, Oregon: University of Oregon Health Sciences Center, 1981.

Gilbert, N., & Specht, H. Quantitative Aspects of Social Service Coordination Efforts: Is More Better? *Administrative Social Work*, 1977, 1(53), 61.

Hage, J. A. Strategy for Creating Interdependent Delivery Systems to Meet Complex Needs. In A. Negandhi (Ed.), *Interorganization Theory*, pp. 210- 234. Kent, Ohio: Kent State University Press, 1975.

Hall, H. The Intangible Human Factor: The Most Critial Variable. In J. Elder & P. Magrab (Eds.), *Coordinating Services to Handicapped Children*, pp. 45-62. Baltimore: Paul H. Brookes Publishers, 1980.

Hall, R., & Clark, J. Problems in the Study of Interorganizational Relationships. In A. Negandhi, (Ed.), *Interorganization Theory*, pp. 111-127. Kent, Ohio: Kent State University Press, 1975.

Wiener, N. Communication. As quoted in K. Deutsch, *The Nerves of Government*, p. 77. New York: The Free Press, 1963.

The author:

Jerry O. Elder is a private consultant and lives in Lexington, Kentucky.

---

*Considerations are based on similar recommendations made in a study by the California Office of Statewide Health Planning and Development. The report *Issues in Planning Services for California's Children and Youth: The First Step* (1980) is recommended highly for anyone interested in services to children.

Chapter 3

A Framework for Planning

by Michael Woodard,
Joy Hicks Cooper,
and Pascal L. Trohanis

We start with the premise that interagency collaboration will be more effective, that is, children and families will be served better, if the collaborative effort is planned, rather than reactive or random. Little is gained by hastily priming interagency mechanisms. Indeed, experience has taught many of us that the ride on the interagency bandwagon can be short. Interagency collaboration is complicated enough and the anticipated effects for our clients are important enough to justify careful planning.

This chapter will explore a general planning framework in three phases: preplanning, plan development, and plan implementation.

Overview

This chapter introduces a planning framework that evolved from the work of a committee of early childhood special educators representing the U.S. Office of Special Education (now, Special Education Programs), two technical assistance agencies (WESTAR and TADS), and selected state education agencies (SEA) with State Implementation Grants. They examined their efforts during 1980-81 and together developed a dynamic planning process that can be modified to accommodate diverse needs and interests of state, regional, or local planning activities.

The framework (see *Figure 1*) contains a sequence of three major phases with an array of elements in each phase. This planning approach reflects a rational process that is driven by needs and goals and that builds on prior activities.

The previous two chapters of this text suggest that some key activities underpinning all of the phases must be handled by interagency planners:

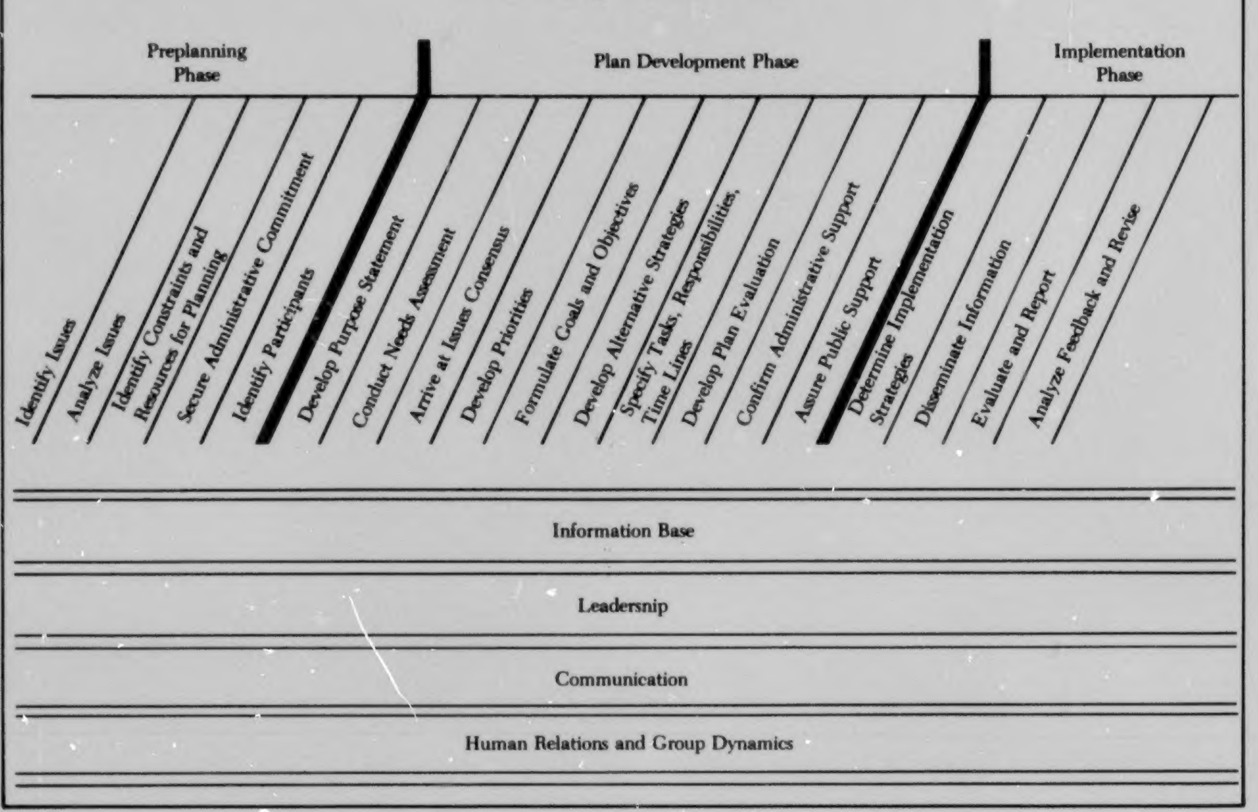
- Develop and maintain a broad, useful information base;
- Delineate leadership tasks and responsibilities;
- Facilitate and maintain positive, clear, and responsive communication channels;
- Foster positive human relations and group dynamics.

Preplanning

The preplanning phase will determine the need for interagency planning and will identify the plan development process. Specific programmatic issues are not addressed at this time; rather, organizational issues that must be considered in order to plan are examined. Preplanning lays a foundation for the intensive planning effort to come and lets us release, at little human, financial, or political cost, the enthusiasm that builds over ideas and causes.

21

Figure 1
A Planning Framework


Preplanning Phase
Plan Development Phase
Implementation Phase
Identify Issues
Analyze Issues
Identify Constraints and Resources for Planning
Secure Administrative Commitment
Identify Participants
Develop Purpose Statement
Conduct Needs Assessment
Arrive at Issues Consensus
Develop Priorities
Formulate Goals and Objectives
Develop Alternative Strategies
Specify Tasks, Responsibilities, Time Lines
Develop Plan Evaluation
Confirm Administrative Support
Assure Public Support
Determine Implementation Strategies
Disseminate Information
Evaluate and Report
Analyze Feedback and Revise
Information Base
Leadersnip
Communication
Human Relations and Group Dynamics

Identify Issues

This first element (see *Figure 1*) involves the initial identification, verification, and definition of a potential planning need. The essential activities at this stage of preplanning are to determine if the issue identified represents a true need (that is, the current system does not consistently deliver needed services to a client population) and if the need will be resolved best through a planning process.

This element of the preplanning phase permits us to take stock of various related issues—legislatures, courts, superiors, advocates, the field, our own sense of what ought to be—and, after reflection, reduce the inventory to those that planning can influence. We need to be circumspect about the issues and problems that come our way. Is it a fact that the community has three separate child-find teams competing for a small number of children? Is it a fact that the county's physical therapist is hardly used and at the same time hardly available due to stringent eligibility rules? Is it a fact that a state agency has withdrawn speech therapy from its clients because its administrator believes legal responsibility belongs to another agency? Neither planning nor administrative responses are warranted until we know what actually is going on.

Besides the reality of an issue, two other tests must be applied. First, we must estimate prevalence. Matters that concern only a few individuals, albeit of tremendous importance to them and worth attention, probably will not be candidates for comprehensive planing. Second, the ownership of an issue influences the planning decision. If responsibility for serving a client or addressing a problem clearly belongs to another agency, then the planning decision and process probably are better left to that agency.

Once an issue is confirmed, determine if existing systems already have a mechanism to address the issue. Perhaps an existing state-level policy encourages local units to make related personnel available via contract to other agencies. If so, the issue of the physical therapist cited above is close to resolution.

When no mechanism exists to address an issue, ask: "To plan or not to plan?" Some issues are served best by mobilizing existing resources, by mediation, or by administrative action. These options certainly are quicker than full-scale planning and often get the job done to everyone's satisfaction. Is comprehensive planning needed to consolidate or deactivate the child-find teams mentioned above, or can agency directors accomplish the task?

At least four situations indicate further consideration for the planning option. In one situation, a discrepancy exists between a policy or standard and its implementation. For example, state regulations may state that any child suspected of having a handicapping condition has a right to a timely, multidisciplinary evaluation. However, the interagency evaluation team might have an impossibly long waiting list. Performance is out of phase with the standard, and the situation probably will remain impervious to most administrative options short of planning.

The second planning situation occurs when a community need persists, though no agency policy sanctions or explicitly recognizes the need. For example, a county estimates that four percent of its three- to five-year-old children need early intervention services, yet the state has neither mandatory nor permissive legislation to serve them. Local agencies, on their own initiative, may work together to serve the children.

The third planning situation occurs when no mechanism exists for consistently and adequately addressing an issue. For example, though agencies have an informal system for referring clients to one another, too frequently a child will fall through the cracks. A formal, planned referral and tracking system may be needed.

The fourth planning situation exists when administrative action or policy clarification cannot be brought to bear successfully on an issue—when needed change for children does not materialize despite good intentions and pointed actions. For instance, state agency heads issue an agreement directing local counterparts to take steps to eliminate gaps and reduce overlaps in their service delivery systems. One year later, all is as it was. Sometimes all the directives in the world cannot dispel long-standing rivalries, competition for clients, and redundant programs. Comprehensive planning, however, may be the needed step to get things moving.

Analyze Issues

A list of viable planning issues has been identified. Since you can't afford to plan for all of the people all of the time, you probably will have to narrow this list to the one or two best candidates. During the second step in the preplanning phase, issue analysis, gather enough information to help you make a first cut.

The process is informal; computer analyses and formal assessments of needs would be premature and excessive at this point. An armchair analysis usually is sufficient to meet the information needs of superiors, potential planning cohorts, and likely sources of funding for the projected planning effort. Use standard data acquisition techniques: review pertinent reports and records; interview knowledgeable public figures, service providers, clients, and advocates; and survey (by phone if possible) those in the field. Often, a journalist already has treated the issue; try to tap that research. Find out if advocacy and public service groups might share or help gather data.

Have enough information to permit a rough assessment of the relative merits of pending issues. Issue analysis should yield valuable impressions along several dimensions. For example, one issue above others may involve the current mood of the legislature. Another issue may piggyback handily onto a major agency's agenda; another might capture broad public appeal; while another might mobilize professional support. Issues differ in their ability to generate administrative support, funding, and long-term commitments. Sometimes, no matter how much planning and resources are poured into an issue, nothing changes. Issue analysis can help planners recognize when this type of situation is inevitable. A clear sense of the interplay of these and other variables helps the planner make initial decisions confidently and respond intelligently to the concerns of superiors and funders. Private foundations, in particular, are astute gaugers of the political ramifications of an idea. Usually, administrators will support an effort that promises some benefits to clients, fits into the overall style and agenda of the agency, brings some positive recognition to the organization and its individuals, and doesn't cost too much.

Identify Constraints and Resources

Comprehensive planning efforts need resources (money, time, energy, information, political support). Identify constraints and resources in the preplanning phase to anticipate areas of abundance and scarcity, to make realistic budget projections to superiors and funders, and to help fellow planners know in advance what they are getting into. Sometimes, abundant resources in some areas can be shifted to cover shortfalls in other areas. The consequences of irreparable scarcity (internal political support, for example) can be evaluated before the planning effort gets underway. When constraints are severe, it often is best to postpone planning to better times.

When planning interagency efforts, the issue of constraints and resources has both bright and gloomy aspects. On the bright side, the collective certainly can muster more fiscal, human, information, and political resources than a single agency. An interagency group also is generally in a better position to get outside money and to get politicians' attention. On the other hand, resources invariably are distributed unevenly across agencies: *A* has money, *B* has time, *C* has energy, *D* has clout, *E* has information, and *F* has none of the above. Planners must balance assets against deficits to minimize resentment and disappointment. Identifying constraints and resources early can help planners avoid problems.

Secure Administrative Commitment

Planners can expect administrators to cast a wary eye on anyone proposing to spend substantial amounts of time and money on interagency planning. However difficult, it is absolutely critical to obtain and hold administrative commitment. The planning effort relies on the administrator's support to apply for money, to mobilize colleagues from other agencies, to sanction activities like meetings and surveys, to protect the planner from accusations that he or she is "planning, not working," to smooth the way politically, and to implement the plan.

The planning/product dilemma can cause some stress between administrator and planner. Human service agencies and other bureaucracies generally measure success in terms of products (e.g., children screened, documents published, regulations issued, workshops held, number of people trained). Even the most supportive administrator occasionally will be hard pressed to justify expending substantial resources on a single product, especially one that is merely a means to other distant ends.

The challenge of getting and keeping administrative support is multiplied by the number of agency heads in the interagency planning effort. And the planning/product dilemma is multiplied as well. If it is hard to hold one administrator at bay with the promise of a single product, consider the job of courting ten administrators. Sometimes, one or two administrators will withdraw their support in midstream or divert the planning process to their own ends. Sometimes, an administrator will run afoul of his or her own superiors or will leave to take another job. Don't be surprised to find a large amount of your time and energy going to these problems.

Identify Participants

Preplanning typically involves only a small group of individuals often working over lunch and after office hours. Often, regular business responsibilities catch up, and the issue that felt so important last month presses less and less. Sometimes, however, an interagency proposal gets funded, the boss gets an idea, the governor issues a decree, or consumers issue an ultimatum, and opportunity arises to address a particular concern. At this point, the circle of participants should be expanded.

In this planning framework, identifying participants does not mean inviting every imaginable agency to a task force meeting. Big numbers are great for a rally but hard on planning efforts. Based on the authors' experience and literature on organizational development, the optimum planning group is made up of eight to twelve members. Have enough people to generate ideas and discussion (and hold the group to its task) but not so many that people must fight for time to be heard. Unfortunately, news of an impending interagency effort seems to make agencies crowd into the conference room; nobody wants to be left out. However, not every agency in the town, region, or state can or ought to be involved in the planning process.

The convenor or preplanner must be selective regarding planning-group membership. The political process and interagency relationships should be considered carefully to include influential individuals who can expedite certain activities. Use the following criteria to screen candidates: relevance of the planning issue to the agency; authority or access to it; and interpersonal and communication skills.

Generally, planning will be of deepest concern to those few agencies that have invested the most identity and resources. These agencies should be invited to plan. Their individual and collective experience will aid discussion and help generate realistic solutions. The fact that these agencies stand to be most affected by the planning group's recommendations and actions ensures committed participation. Conversely, agencies with moderate or little investment likely will be similarly committed. The planning group should keep informed those agencies not directly involved in planning, and they should call on those agencies for assistance when necessary.

Authority is a criterion for selecting planning-group members that is cited frequently in interagency literature. Recruiting agency directors for the planning group would appear to answer this concern. The directors could speak for their respective agencies, hammer out a collective solution, give approval, and commit resources. Unfortunately, there are problems with this approach. "Turf" issues can be exacerbated by bringing together agency heads. A chief executive's major responsibility, after serving clients, is protecting and enhancing the position of his or her organization. Another difficulty is the familiar "too many chiefs and not enough Indians" phenomenon. Valuable time and energy can be lost as directors, normally equal in status, jockey for position in the new planning group.

For good or bad, however, the issue of director participation usually is moot because agency heads often don't have time for any interagency matters, much less comprehensive planning. Usually the task is delegated to a subordinate; and this can have several advantages. First, the delegate may know more than the director about the issue in question. For example, if the issue is child identification, the best resource probably is the agency's child-find coordinator. Second, the delegate may be closer to or part of the agency's line staff, and so more aware of the needs, preferences, and limitations of the actual implementors. Lastly, the delegate may have an easier time than the director getting used to a middle or lower position in the planning-group hierarchy.

The major drawback is that the delegate may not be authorized to speak for the director or may have no actual influence on the director. The delegate without influence can be no more than a token member of the planning group. This situation is worse than not representing the agency at all (as a group member the agency has rights of consultation and veto). A delegate's influence on his or her director is an important factor when identifying participants of a planning group.

The interpersonal and communication skills of candidates especially are important to the smooth working of the planning group. Friendliness; respect for others' opinions and experience; assertiveness; talents for listening, working on a team, and compromising; and persistence are assets to the group process. Individuals with personality conflicts should not be recruited, even at the cost of losing exclusive information or skill. If needed, these resources can be tapped outside of the group. Similarly, dominating persons should be brought on board only after weighing carefully their potential impact on the group and assessing checks and balances.

This planning framework views interagency coordination as a temporary alliance for the purpose of addressing a specific issue. This conception is a narrow one, but it is one which might help lower the mortality rate of interagency efforts. A small interagency coalition functioning efficiently probably is better incentive than a directive from the state office to try the interagency alternative.

Plan Development

Plan development is the next general phase of planning. During this phase, participants, under some form of leadership, create concrete outcomes such as statements of interagency goals and objectives, delineation of issues to be addressed along with alternative strategies, and a design for evaluation. Each of ten elements is described briefly.

Develop a Purpose Statement

The first action of the assembled interagency planning group, and the beginning of the plan development phase, is to develop a purpose statement. According to Gentry (1979), a purpose statement is:

> *A general, overall statement of purpose; a description of the ideal world, the condition of which may never be realized, but toward which all efforts must be directed. (page 23)*

The planning group must generate a statement that is not so general nor so ideal that it is meaningless. To accomplish this, the group must link the purpose statement as directly as possible to their planning issue. For example, if the issue is gaps and overlaps in services to preschool handicapped children, the corresponding purpose statement might be to provide comprehensive and efficient services to preschool handicapped children in our community. A less global issue might be: lack of communication among agencies involved in the evaluation of preschool handicapped children. A possible purpose statement might be: to ensure that agencies receive the results of preschool handicapped evaluations in a timely and informative manner. Note that each of these purpose statements is open ended concerning the solutions to the problem. Solutions will be addressed (later in the plan development process) by goals and objectives formulated in response to the findings of an assessment of needs.

There are several group-process benefits to be derived from developing a purpose statement. For many participants, this is the first concrete opportunity to get involved in the planning process. So far, the preplanners have been in charge. Developing the purpose statement together puts all on equal footing—no small matter in interagency coordination—and permits a fresh start on the issue. Another advantage is that the activity immediately mobilizes individual and agency energy toward group ends: people start off working as a group. Further, as a reflection of individual input and agreement, the purpose statement becomes a basis for common understanding and individual commitment. Lastly, the purpose statement serves as a guide for all further planning activities, a point of reference to keep the group on track. The purpose statement is the first place to turn to when a new (or, as happens, an old) group member asks, "Why am I here?"

Assess Needs

The needs assessment process identifies discrepancies between what should exist—the purpose statement—and what does exist. The needs assessment usually consists of gathering information on current status, comparing current status to the standard articulated by the purpose statement, and describing the discrepancies resulting from this comparison.

Though "needs assessment" perhaps is not the best label for this element of plan development, early childhood special educators already are accustomed to at least two types of needs assessment: assessment of training and technical assistance needs and assessment of current services and resources. Since the planning needs assessment is restricted to planning issues, its focus is much more precise. The term "research" may be more appropriate since the point is to gather as much hard data as possible.

The group will need facts and figures, including projections of future service requirements. Agency records contain much of the information, actuarial and census data can be useful, and state education agencies collect much new data as they fulfill their monitoring and planning functions. Simple statistical analysis can determine such matters as the average time elapsed between a child's referral and signing of his or her IEP or the distribution of at-risk infants throughout a city (this information could be useful in assigning case management responsibility). The degree of rigor clearly distinguishes the planning needs assessment from the earlier preplanning element of issue analysis. The needs assessment is pivotal—most planning decision making and future resource allocation rely on information acquired through this process.

The actual group process need not be complicated. *Figure 2* shows a quick method a planning group can use to generate information needs, sources, and strategies for getting the information. The information needs derive largely from common sense and a basic grasp of the ecology of the issue. The needs will point to information sources. Strategies depend on group preferences and skills. Time restrictions depend on the needs assessment activities. The various individuals and task forces report back to the group at a set time. The application of the analyzed and organized data to the purpose statement yields current and projected discrepancies between standard and performance.

Arrive at Issue Consensus

The needs assessment procedure can identify a variety of problems which will confirm or refute the less sophisticated preplanning issue analysis. The purpose of the issue consensus element is to integrate previously collected information into a unified list of issues agreed upon by the planning participants. Consensus at this point in the process unifies and energizes the group for the considerable task ahead. Lack of consensus left unresolved can disrupt later attempts to plan. It is best to anticipate some conflict over issue consensus and have at hand the resources needed to negotiate this stage. An outside group process consultant may be useful. A particularly unsettled group may wish to approach issue consensus through the Delphi technique. This procedure gathers individual preferences through a mailed questionnaire. The initial data is analyzed, and an amended list is recycled to participants for a second ranking. If need be, this process is repeated until consensus is achieved.

Following are examples of issue consensus statements:

- Services are not provided consistently across the state.
- Service definitions vary from one agency to another.
- Agency mandates vary as to age, disability, and economic status.
- Consumer surveys identify confusion over where to go for service.

Develop Priorities

A concerted needs assessment will probably yield more issues than the planning group can address. Consequently, the group must prioritize the issues before proceeding to the next element of plan development: formulating goals and objectives. Priorities can be determined in several ways. Sometimes a causal relationship exists between issues; e.g., some preschool handicapped children are not served because a formal child-find program does not exist. The latter issue has priority because it causes the former. Political pressure may help sort out priorities. For example, the demand from parents for more related services may obscure the fact that educational services are inadequate. An issue may take precedence over another simply because agencies are equipped to deal with that issue. For instance, it is probably easier to provide a pamphlet on P.L. 94-142 to parents than it is to train them to participate effectively in IEP meetings. Finally, existing resources and constraints may dictate priority; e.g., a rural area might need a centralized evaluation facility, but money does not exist to develop such a facility.

When issues are too close to call, a force-field analysis may break the deadlock. Using this technique, the planning group identifies the restraining and driving forces behind each issue. Restraining forces that are intractable (due to lack of power, time, money, and other resources) are highlighted, and the group devises strategies to minimize their effects. Driving forces with the best prospect of success are given preference over the others. (Appendix A outlines techniques, such as the force-field analysis, which can be used to set priorities.)

Formulate Goals and Objectives

Once priorities have been developed, establish goals for your interagency efforts. Goals are derived directly from the list of priority issues and can help refine your purpose for interagency coordination. Goals state what you expect to achieve through interagency collaboration. These statements comprise the action agenda for your efforts. Goal statements may vary in complexity according to particular needs and at the level (local or state) those needs will be addressed. Keep in mind that ultimately you will have to decide what goals are met best at what level.

Goal statements must be divided into more concrete, manageable objectives. One method of preparing objectives is to include these three items in the statements: the condition for performance, the expected performance, the criteria or standard for the performance. *Figure 3* shows an example of the relationship between goal and objective statements.

Figure 2
Assessing Planning Needs

Purpose Statement: To ensure that the preschool handicapped children in our community are educated by qualified teachers.

Information Need	Sources	Strategies
1. How many ECSE-certified teachers are currently employed in our community?	Agencies with education component	Review records or request information in letter.
2. How many children are taught by certified teachers?	Agencies with education component, SEA	Review records or request information in letter.
3. How many children are taught by noncertified teachers?	Agencies with education component, SEA	Review records or request information in letter.
4. Given more effective child find, how many teachers will be needed in each of the next three years?	Agencies with child-find component, LEAs	Interviews, statistical analysis of trends.
5. How many certified teachers can the local universities produce annually?	Universities, state certification office	Call department chairperson; write certification office.
6. How many applications for ECSE positions are on file with LEAs, the SEA?	LEAs, SEA	Request info via superintendents.
7. How many certified teachers will be lost through attrition?	LEAs, teachers union	Interview.
8. How many elementary-certified teachers would be interested in retraining toward ECSE certification?	Teachers, teachers union, LEAs	Survey.
9. Is there any difference between parent satisfaction with certified and noncertified teachers?	Parents, teachers	Survey, interview.
10. How much will hiring all certified teachers cost?	Superintendents, schools boards	Request information.

Figure 3
Relationship of Goals to Objectives

Goal Statement	Objective Statement		
	Condition	Performance	Criteria
To develop a single, comprehensive interagency child-find system.	Based on careful review of each participating agency (i.e., their rules and regulation, organizational structure, source of funding, etc.).	One agency will be identified and selected as the lead agency for child-find activities.	The selection will be based on a predetermined profile of the lead agency. This activity will be completed by (date).

Develop Alternative Strategies

Once goals and objectives are clear, the group must articulate alternative ways to accomplish each specific objective. Strategies are general plans of action to meet an objective. Generate as many alternatives as possible. Your interagency group will contain people of different background and with different knowledge—employ techniques to use this diversity to provide a structure for group consensus. Techniques such as nominal group process, brainstorming, and force-field analysis can help.

Nominal Group Process is a structured group meeting where individuals generate their own ideas about problems and rank the list of problems or solutions through a process of alternative discussion and anonymous voting. For example, as mentioned earlier, a goal for local interagency planners might be to develop a comprehensive child-find system. Identifying and selecting a lead agency may be one of your objectives. Because the local interagency planning group contains people from the various agencies under consideration, everyone may have different ideas about proper characteristics of a lead agency. The nominal group process technique may be used to generate the list of agency characteristics and place them in priority order. This technique assures equal participation of all team members.

Brainstorming is a method for generating and ranking a lot of ideas. An interagency planning group may find this a useful technique to generate creative solutions to what might be old problems. The distinguishing feature of brainstorming is that all ideas are acceptable, even if far-fetched.

Force Field Analysis is a technique for focusing group discussion on the forces operating for and against a particular goal or possible solution of a particular problem. A force is any physical, organizational, emotional, or attitudinal circumstance which must be considered in a given situation.

These techniques also may help the group prioritize strategies and select the most effective and efficient way to accomplish the objective. See Appendix A for further information on these and other techniques.

Specify Tasks, Assign Responsibilities, Establish Time Lines

Tasks are specific, short-range action steps to implement objectives. Each individual or a group of individuals in your planning group should have assigned responsibilities. And, a time line for completing the task also must be established. When assigning tasks and setting time lines, be certain of these conditions: you are clear on the amount of real time a group member has to give to the task; you know the skills and special interests of each group member; your time lines are realistic (it is equally damaging to give too much time as too little time). *Figure 4* shows one way that tasks, responsibilities, and time lines relate to objectives.

Figure 4
A Way to Plan Responsibilities

Objective	Task	Who Is Responsible	Method	Initiation Date	Completion Date
Selection of lead agency for child-find effort	Obtain descriptive abstracts of participating agencies	•SIG Director •Director of Child Development Center	Mail abstract outline with addressed, return envelope. Follow-up phone call.	(date)	(date)

Assigning tasks, responsibilities, and deadlines activates each member of the group. Active participation often means a great commitment to reach the group's goals.

Evaluation

The next element involves developing a process for evaluating the implementation activities of the interagency planning group. Usually, evaluation is the last element of most activities. However, this planning process (see *Figure 1*) recommends the group collect formative and summative data throughout the planning process.

An effective evaluation plan should be both formative and summative, and it should allow for internal and external evaluation. Formative evaluation analyzes the ongoing process of the planning group and can help identify problems that can be addressed during rather than after the process. Modifications in a plan are more meaningful, less time consuming, and cheaper when they are made during the planning process. Formative evaluation can point out strengths of the process that can be implemented in other areas of the plan. Summative evaluation compares each group's final products with the goals and objectives of the interagency planning team.

Internal evaluation relies on self-evaluation by the planning group. This is vital to any interagency effort. If resources are available, external evaluation (an outside party evaluates each group's final products) would be appropriate.

Confirm Administrative Support

Communication with your administrator and confirmation of the commitment you secured during the preplanning phase should occur throughout the planning process. Keeping your administrator abreast of your efforts will help set the climate for your next activity.

Comfirming administrative support entails three major thrusts:

- Obtain administrative support of the plan itself. This task includes an in-depth review (for mutual understanding) of your interagency plan and an explanation of the implications of the plan (e.g., how will the plan affect existing service delivery systems?).
- Obtain a commitment to implement the plan.
- Obtain a commitment for the resources necessary to implement the plan.

Administrative support is crucial. Without it, interagency coordination is destined to fail.

Assure Public Support

Public support for interagency coordination should be an ongoing concern throughout the planning process. Public support can influence greatly the success of the plan. Communication with consumers (parents, handicapped persons), professionals, community organizations, and other interested citizens is an important strategy to solicit and maintain public support. Requesting letters, holding public hearings or meetings, and other such activities might help acquire public support for your interagency efforts. The public knows better than any of us how difficult it is to find assistance when services are fragmented.

Implementation

Implementation, the final phase of general planning, includes determining implementation strategies; disseminating information; evaluating, reporting, and analyzing feedback; and making revisions.

Determine Implementation Strategies

Two prominent strategies prevail:

Pilot/Field Testing of strategies has proved successful in some states. For example, one or two schools or developmental centers may be selected to pilot the interagency plan. Problem solving and plan modification can be easier with this local strategy. It also gives other communities a chance to visit, look at, and scrutinize the effects of the plan before agents become actively involved in coordination activities.

Van de Ven and Koenig (1976) identify four conditions that are critical to success of a pilot test:

- Complete commitment to the plan and direct involvement by line administrators in the activation process;
- Technical assistance and training provided to staff to help them perform their new roles;
- Ongoing monitoring and evaluation to provide feedback to staff;
- Active participation by staff to make corrective adjustments.

Selection of appropriate sites is another factor that appears critical to the value of a pilot/field test. Consider the following six variables:

- Availability of Resources. Does the community have the staff, the facilities, the administrative support, the variety of services, etc., to implement the plan?
- Level of Current Service. What is the current level of service? Perhaps it would be valuable to field-test the plan in an area with limited services and in areas with extensive services.
- Capability of Data Collection and Evaluation. Can accurate information be gathered to evaluate and to modify the plan as appropriate?
- Geographic Diversity. It may be valuable to select urban and rural communities.
- Ethnic and Cultural Diversity. If the population of the state represents a variety of distinct ethnic and cultural groups, it may be essential to select communities that represent such groups.

- Acceptance of Plan. Is the community motivated to implement the plan? Was the community involved in the plan's development? Do they feel a sense of ownership? Are they motivated and committed to try?

Statewide Implementation is a second prominent strategy. This large-scale endeavor involves statewide acceptance and participation in the plan. Factors to review when considering full implementation are fivefold:

- Is there widespread support and acceptance for the plan and its implementation?
- Are resources available to implement the plan throughout the state?
- Has communication been positive, effective, and constant throughout the planning process? Have public awareness efforts been successful statewide? Have key agencies and professionals been informed, and are they prepared to accept full implementation?
- Have restraining forces been identified, and have preparations been made to accommodate them?
- Is adequate training and technical assistance available from state-level agencies to assist local implementors?

The decision of which strategy to implement may be made at the administrative or legislative level. However, the people involved in the planning process (whether local, regional, or state) may be more familiar with the effect of implementation and should be prepared to advise decision makers accordingly.

Interagency collaboration involves different activities at various levels; determine what can be implemented where. For example, interagency efforts at the local level may address the sharing of personnel or transportation. However, coordination efforts may be stalemated without sanction from state offices that are fiscally responsible for such services. And, state-level agreements without local support seldom have substantial impact on local service delivery systems. It may be necessary to begin interagency coordination at both levels simultaneously.

Dissemination/Public Awareness

Inform individuals, agencies, and organizations of the approved plan and their roles in its implementation. The success of this step depends largely on effective communication throughout the plan development process. This step includes internal and external activities. Internally, identify and inform persons within the state agency of the plan, and what, if any, role they will play. External activities include identifying agencies which may be affected by the plan (LEAs, developmental centers, social services, maternal and child health, universities). If representatives from these organizations are a part of the planning group, they can provide ongoing communication to their organizations.

Evaluation and Reporting

Evaluation is the systematic collection and analysis of data for the purpose of determining your plan's effectiveness and your future activities. The method you choose to implement the interagency plan will influence the evaluation design you choose. The phases outlined below may help you plan for the evaluation of your interagency efforts:

- *Phase A—Evaluation Prerequisites.* Ask these critical questions: Why evaluate? What is to be evaluated? How will the evaluation be used? Who will use it? What resources are available to conduct the evaluation?
- *Phase B—Evaluation Objectives.* Set criteria that will indicate if the goals of your interagency effort have been reached.
- *Phase C—Evaluation Design.* Develop the design according to the evaluation objectives and criteria.
- *Phase D—Evaluation Implementation.* Activate the evaluation plan.
- *Phase E—Evaluation Analysis and Feedback.* Analyze your data and prepare a report to share with all concerned and involved in your effort.

Reporting consists of compiling the data, analyzing it, and preparing it for dissemination. Each agency, organization, and individual affected by the interagency plan should receive a copy of the final report with a request for feedback. The report should be tailored to each audience.

Feedback/Revision

The final element in the planning framework, Feedback/Revision, calls for identifying successes and failures in implementation processes so modifications can be made. Feedback may suggest your group return to a particular phase of the planning model (e.g., maybe administrative support was not confirmed or as committed as you thought). Systematic monitoring will reveal avenues for revising your interagency efforts.

Closing

It is the authors' intention to provide the reader with an introduction to one framework for planning interagency coordination. This framework presented is goal based, sequential, and suggests a number of interrelated (occasionally concurrent) activities and procedures. Further, it is flexible enough to adapt to various contexts and levels of planning opportunities. Finally, it can facilitate decision making.

Four key factors pervade three major phases of planning: information base, leadership, communication protocols, and human relations/group dynamics.

References

Day, H., Gentry, D., & Nakao, C. *A Systems Approach to Human Services.* Unpublished paper, Department of Special Education, University of Idaho, 1979.

Elder, J. *Final Report: Bureau of Community Health Services, Office of Special Education and Rehabilitation Services, Interagency Collaboration Conference, December 1-3, 1980.* Portland, Oregon: Oregon Health Sciences University, 1981.

McLaughlin, J. A., & Christensen, M. *Final Report: Interagency Training Project.* Virginia Polytechnic Institute, Blacksburg, Virginia: August 1981, pp. 9-10.

Special Education Programs, Technical Assistance Development System (TADS), & Western States Technical Assistance Resource (WESTAR). *A Framework for Statewide Planning.* Seattle: WESTAR, 1982.

Van de Ven, A. H. & Koenig, R., Jr. A Process Model for Program Planning and Evaluation. *Journal of Economics and Business, 1976,* 28 (3).

The authors:

Pascal L. Trohanis is Principal Investigator and Director of TADS. Michael Woodard and Joy Hicks Cooper coordinate TADS' services to states.

Section II

Case Studies

Introduction
Part 1. Product Development
Part 2. Rural Areas and Small Towns
Part 3. State Stimulation of Local Efforts
Part 4. Urban and Suburban Challenges

Introduction

TADS asked eight projects of the federal government's Handicapped Children's Early Education Program (HCEEP) to present case studies of interagency coordination efforts for this section of the book. This introduction will examine contributor selection, case-study development and format, and common features.

Contributor Selection

In January 1981, TADS staff reviewed the *1979-80 HCEEP Overview and Directory* to identify demonstration, outreach and State Implementation Grant (SIG) projects that focused on interagency coordination as a major goal. (Due to fiscal constraints, TADS sought only HCEEP projects located east of the Mississippi, though many projects in western states have outstanding interagency programs.) About 20 projects were surveyed by mail and phone to determine the character and quality of their interagency programs. For this purpose, TADS staff developed the Contributor Review Form for Interagency Casebook (Appendix B).

Criteria of quality and balance guided the second round of review. To be included in the casebook, projects first had to exhibit several indicators of quality (e.g., involvement with many agencies, clarity of purpose and process, longevity, stable funding, and formal evaluation). Second, contributors had to be sufficiently diverse so that the casebook could reflect the diversity of the HCEEP Network. Reviewers examined geography (location—urban/rural); type (demonstration, outreach, SIG); and fiscal agency (public school, hospital, university, private, etc.). Eight projects were selected, and their directors were invited to contribute to this work.

Case Studies Development

Conceptualizing and writing were the major steps in developing the case studies. Though coordination efforts were diverse, the format for presenting the studies needed to mediate this diversity while still encouraging an in-depth exploration of the topic. To achieve this structure, items relevant to interagency research and reporting identified by McLaughlin and Christensen (1981) and Elder (1981) were combined with the TADS Contributor Review Form mentioned above and yielded a list of 24 interagency topics. The topics were rated according to potential use to HCEEP projects; the list and rating results are in Appendix C. An annotated Interagency Casebook Chapter Format (Appendix D) was developed from this information and introduced to contributors at a meeting at TADS at Chapel Hill in late March. The contributors began writing their case studies at this meeting (TADS staff were on hand to clarify the format). The case studies were completed at the projects and submitted to TADS for editing and publication.

Section Format

This Section II of the *Interagency Casebook* is divided into four parts. The divisions were not imposed upon the contributors beforehand, rather they emerged from the materials.

- Part 1. *Product Development*. **Project SCOOTER** at Columbia, South Carolina, led an interagency team that revised a published assessment instrument to meet the special needs of deaf and hard of hearing children. The **Massachusetts SIG** funded and helped regional interagency committees to develop a computerized directory of services and resources available to young handicapped children.

- Part 2. *Rural Areas and Small Towns*. The **Family, Infant and Toddler (FIT) Project** at Nashville, offered extensive training to rural professionals in early development and education and aided interagency efforts to start local programs for special children. **Child Development Resources (CDR)** at Lightfoot, Virginia, convinced the local public school system to take responsibility for the community's handicapped preschoolers and to sanction CDR's service to children under aged two years.

- Part 3. *State Stimulation of Local Efforts*. Both the **Maine and Connecticut SIGs** explored the viability of state-mediated interagency coordination by funding local pilot sites to improve service delivery to young handicapped children.

- Part 4. *Urban and Suburban Challenges*. The **Infant Stimulation/Mother Training Program** at Cincinnati, spearheaded the founding of United Services for Effective Parenting (USEP), an interagency collaborative serving infants and their families. In Yorktown Heights, New York, the **Regional Demonstration Program for Preschool Handicapped Children** aided service delivery to all young handicapped children in 18 school districts.

Common Features

Though the case studies are far more different than they are similar, several common features are evident when the contributions are taken as a whole. Nearly all the contributors cited the same basic reason for trying the interagency alternative: inefficient or inadequate service delivery systems. Most projects reported that overtures to other agencies were received amiably, despite prior disappointing or mixed experiences with interagency coordination (due, in part, to the tangible benefit offered in exchange for participation). Affirming the value of other agencies' contributions to the community was another common (and successful) recruiting strategy. Most agency administrators endorsed the interagency initiative by granting release time to staff to participate.

Most projects turned either to interagency theory or reported research and practice before beginning their own initiatives. Considerable planning was done and individual processes of interagency coordination were developed carefully and deliberately.

Several trends were evident in the types and amounts of resources (human, physical, fiscal, and informational) needed to start and maintain interagency coordination. Commonly cited human resources were leaders' political skills and participants' commitment (to the effort) and positive attitudes toward one another. The few physical resources needed were meeting space, phone, copier, and an occasional secretary. A split was evident in the fiscal needs of state- and locally funded efforts. Local projects often slip interagency responsibilities into existing job descriptions; states fund full- or half-time interagency coordinators. Consequently, state interagency coordination programs are more expensive. Many contributors found it useful to share among agencies information on services, mandates, restraints, philosophies, and funding sources. Sharing information helped build trust.

Several driving forces were cited frequently as promoting interagency coordination: local need; mandates; administrative support; federal funds; and positive, committed people. But, a number of restraining forces were noted repeatedly: personnel changes and conflicting regulations, procedures, opinions, and personalities. Several positive effects of interagency coordination were mentioned often: improved services to children and families; increased awareness of early childhood special education needs and resources; a more effective advocacy base; and wider, more systematic professional networks.

A final common feature is worth noting: interagency coordination took much more time than nearly all thought it would.

References

Elder, J. *Final Report: Bureau of Community Health Services, Office of Special Education and Rehabilitative Services, Interagency Collaboration Conference, December 1-3, 1980.* Portland, Oregon: Oregon Health Sciences University, 1981.

McLaughlin, J.A., & Christensen, M. *Final Report: Interagency Training Project.* Virginia Polytechnic Institute, Blacksburg, Virginia: August 1981, pp. 9-10.

Part 1

Product Development

Project SCOOTER for Hearing Impaired Children

Address: 819 Barnwell Street
Communicative Disorders
University of South Carolina
Columbia, South Carolina 29208

Phone: (803) 777-7876
Type Project: Outreach

Fiscal Agency: University of South Carolina

Contact: Joan C. Rollins*

Project Description:

Project SCOOTER for Hearing Impaired Children is a model program for the early identification and educational intervention for hearing impaired children birth to aged four years and their parents.

Synopsis of Interagency Coordination Program:

Seven agencies—a state school for the deaf, two private schools, a local education agency (LEA), a speech and hearing center, and two HCEEP programs—identified a common need for a criterion-referenced assessment instrument for preschool hearing impaired children to document entry level skills, record children's progress, and aid educators to plan instructional objectives and activities. After reviewing existing instruments, the LAP-D was selected for adaptation and expansion for the deaf. The product, *The Assessment Battery of Communication Skills (ABCS) for Hearing Impaired Children*, follows the same format as the LAP-D; it can be administered with the LAP-D or as a separate communication skills assessment for preschool hearing impaired children. The instrument is being field-tested and will be published in the spring of 1982.

The interagency group is now working on an accompanying learning activities manual.

**Case study author.*

The Setting

The Problem

In summer 1978, several agencies providing services to young hearing impaired children in the state met to increase awareness of each other's activities, to improve communication, and to share resources. The need for an assessment instrument emerged at this meeting. All participants agreed to continue working together to resolve the problem.

The Climate

Historically, polarization resulting from differences in educational philosophies and service delivery systems has limited interagency cooperation among educators of the deaf. In this instance, however, a shared need, feelings of helplessness and frustration, and opportunities for group interaction broke down these barriers. A cooperative attitude developed to meet a common need.

Project Commitment

With product development and interagency cooperation among its stated goals, Project SCOOTER requested and received the fiscal resources necessary to assume a leadership role. Although such resources were not available to other agencies, their commitment was obvious. For example, some provided accommodations in their homes to those with limited travel funds; one LEA representative, denied released time, took annual leave days to attend meetings; and all, despite demanding professional responsibilities, devoted much time and energy.

The Start

Base in Theory/Research/Practice

The participants were not aware of any existing models for an interagency approach to product development. Representatives of the HCEEP projects shared their experience in agency network activities with others, such as LEA and private agency staff, who had had less experience with interagency efforts.

Planning

Initial planning took place informally through professional meetings and telephone. All service providers within the state were contacted and ideas exchanged. Many reported using an excellent assessment instrument developed for hearing preschoolers, but expressed concern about its limitations for the hearing impaired. As the idea for adapting this instrument evolved, a need for more group structure and organization became apparent. The first planning and work session was held in December 1978. The agencies attending had diverse experience, backgrounds, and expertise. Group discussion identified five specific skills areas requiring assessment. Within the group were individuals recognized as particularly knowledgeable in these skill areas. Each agency agreed to develop one section for its area of expertise. Time lines were set and a second group meeting scheduled for spring 1979.

Approaching Agencies

Participants discussed the project with colleagues at social and professional meetings and at other interagency activities. Other educators were receptive, expressing the same need for assessment instruments and learning activities. A second HCEEP project joined the group after a conversation at a directors' meeting revealed identical goals. The developers identified and contacted resource persons throughout the United States and Canada who offered their suggestions. What began as a statewide effort became international in scope.

Administrative Support

With one exception (a teacher whose LEA policies did not permit release time for interagency activities), administrative support was strong. Several participants themselves were directors of agencies, and others enlisted administrative support by demonstrating in their own agency the need for the instrument.

The Process

Human Resources

A limited number of professionals serve preschool hearing impaired children. Consequently, the participants had often interacted during other professional activities. Each began with and maintained an attitude of respect for the knowledge, expertise and experience of the others. This attitude was critical for resolving differences of opinion. A second critical human resource was the organizational skills of the lead agency.

Physical Resources

Each agency used their own physical resources to develop their section of the instrument. As these sections were completed, the lead agency supplied resources such as materials, typing, graphics, and printing. Later, when training materials were needed, agencies which had equipment developed the audio-visual materials.

Fiscal Resources

Because fiscal capability varied greatly among the cooperating agencies, the costs for developing the product could not be shared equally. Fortunately, the total cost was relatively low, with participants' travel being the greatest expense. Since several agencies had no staff travel funds, alternative funding strategies were explored. Two centrally located private agencies reduced travel expenses by hosting group meetings. TADS provided two resource persons as consultants. Subgroups were able to work during free time at other interagency meetings.

Information Resources

The cooperating agencies shared instructional materials, assessment procedures and instruments, curricula, and child progress data. Completed sections of the instrument were field-tested at each of the sites; the data were collected and analyzed and the instrument revised.

The developer of the LAP-D was another valuable and enthusiastic resource.

Management

Early in the group effort, leadership was assumed by Project SCOOTER, which gave needed additional resources. Management responsibilities included:

1) Setting development time lines;
2) Duplicating and distributing completed section drafts and revisions;
3) Making formal and informal agreements;
4) Maintaining communication with all participants; planning and conducting work sessions.

Communication

Division of the product into sections reduced the need for extensive communication between the developers; though they freely contacted resource persons from the group for advice or suggestions. Communication with the lead agency was essential to the successful completion of the project.

Driving Forces

1) The collective human resources of the seven agencies;
2) OSE funding which permitted Project SCOOTER to assume leadership and commit resources;
3) The developers' commitment and enthusiasm.

Restraining Forces

1) Three key personnel lost during the three-year period due to agency staff changes;
2) High communication and travel costs because cooperating agencies were located throughout the country;
3) Occasional differences of professional opinion.

Overcoming Roadblocks

Personnel changes created only temporary setbacks. One person selected a qualified colleague to insure continuous representation from his agency. A second was replaced by recruiting an additional resource person from another agency. A new director of one HCEEP program continued to provide the necessary leadership and fiscal resources. One participant took a new position, but continued to work with the group representing the new agency.

Division of the larger task into sections reduced the need for group meetings to about three per year. Agencies with greater fiscal resources helped others.

Differences of opinion were resolved democratically through group discussion, with decision-making fostered by the developers' respect for each other.

The Results

Informal Agreements

Agreements such as section assignments or revision dates were made during meetings or by telephone or mail.

Formal Agreements

No formal agreements between the developers were necessary because each had a strong personal commitment to the goal.

Positive Effects

The group achieved its intended goal: a high quality assessment for young hearing impaired children, applicable in any setting regardless of communication mode. The sense of accomplishment is growing as professionals seek the instrument.

The participants greatly increased their own knowledge and skills by working with national consultants, researching and developing their assigned sections, and sharing knowledge.

In a field in which such cooperative efforts are rare, this activity strengthened interagency awareness and cooperation, as well as positive personal and professional relationships.

Negative Effects

Though all participants had other professional commitments, each devoted much time and energy to this project. Developing the product decreased efficiency and time for other duties.

Evaluation Strategies

Records, such as attendance and minutes of meetings, telephone conversation notes, and copies of correspondence and contracts were kept.

The field test data will be analyzed by an evaluation consultant.

Numerous requests for training confirm the need for the instrument.

Expectations vs. Reality

Initial time lines were unrealistic because developers were not aware of the scope of the final product or the extent of time and effort required. Nor did they anticipate the widespread demand for the instrument, training, and the published product.

Replication

Interagency product development is an effective strategy for the resolution of a common problem, and is highly recommended to any group of agencies having a similar goal.

Free Advice

1) If a need for a product exists within your agency, seek out others who provide similar services. Perhaps they have identified the same need, and would welcome an opportunity to work with you.

2) Begin by selecting a lead agency willing to commit the resources necessary to manage and coordinate the interagency effort.

3) Take advantage of pooled human resources by dividing the development effort into subsections; identify participants' expertise,and assign tasks that exploit these resources.

Massachusetts State Implementation Grant*

Address: 31 St. James Ave., 6th Floor
Boston, Massachusetts 02116

Phone: (617) 727-5770†
Type Project: SIG

Fiscal Agency: Department of Education

Contact: Fran Collins††

Project Description:

Since 1977, the SIG has sponsored a sequence of interagency coordination activities. A state-level group formulated a plan which was field-tested at two sites. Following evaluation, the most sucessful aspects of the field test were replicated by regional interagency task forces.

Synopsis of Interagency Coordination Program:

An interagency task force assists a full-time coordinator to identify all the resources for special needs children aged birth to aged 6 in its region. Regional task forces are funded by the SIG and the Massachusetts Developmental Disabilities Council. The regional directories are then put on word processing equipment to update the information yearly. The major objectives are to increase service access and coordination. In addition, task force members share in-service resources, develop public awareness projects and report on gaps in services.

**Massachusetts does not have a SIG project this year (1981-82).*

†Division of Special Education, State Department of Education.

††Fran Collins, Statewide In-Service Coordinator for the Division of Special Education, State Department of Education, can answer questions about the SIG project. The project's director was Ann B. Taylor, author of this case study.

The Setting

The Problem

In 1977, concern arose that services for young children with special needs lacked coordination. Though a variety of public and private agencies provided services to this population, services often overlapped and, in some cases, were underused. Parents and professionals lacked information about services. Lack of a mandate for children birth to aged 3 years created gaps in services and problems with transitions from human service agency programs to the public schools.

The Massachusetts Early Childhood Interagency Planning Group was convened to address these problems.

The Climate

Increased coordination was regarded favorably in 1977, as the state mandate for schools to serve children aged 3 to 4 years heightened awareness of the need for coordination. Many problems had occurred by extending services to this population, previously served by agencies other than education. The process of developing a plan for increasing interagency coordination was officially endorsed at the cabinet level.

The climate in 1981 is dominated by fiscal constraints. The state recently passed a tax limitation bill requiring cutbacks in education expenditures at the local level. The predicted federal cutback in educational aid compounds the situation. However, these events are causing renewed interest in coordinating services across agency lines.

Project Commitment

State commitment to the project was indicated by: 1) initial approval of the project at the commissioner level; and 2) acquisition of a SIG to fund the project. The SIG funds were critical in that people who helped plan knew from the beginning that there were resources to implement what was developed. Past interagency planning groups had failed because of a lack of funds.

The Start

Base in Theory/Research/Practice

No entry.

Planning

Service providers, state agencies and parents helped plan the project. The process was cumbersome and sometimes frustrating, with consensus difficult. But, we felt the support and commitment from the various groups which would be affected by the plan was worth the trade-offs in efficiency and time. The state-level group spent a lot of time on issues such as definition of terms and bureaucratic control. For instance, a major issue was who, among several candidates, should be lead agency for the birth to three population. The actual plan received less attention and energy.

The second phase of the project was field testing of the plan developed by the State Interagency Group. Major parts of the plan proved to be unfeasible, and much time and energy was spent in determining how obligated field sites were to use a plan which did not appear to be practical in their localities. Several new components were added by the field sites.

Perhaps state-level groups should not design specific mechanisms for service delivery, but rather stick to identifying overall objectives and addressing bureaucratic issues.

Approaching Agencies

Support from agencies' leaders and appropriate staff involved in planning is critical. Establishing channels for agency heads to use to communicate regularly helps to maintain their support. Approaching agencies with a specific task or request is a better strategy than presenting a vague description of a need for better interagency coordination.

Administrative Support

Important guidelines for getting and keeping administrative support are:

1) Identify staff who have access to agency leadership;
2) Identify and state benefits to other agencies in initial contacts;
3) Involve key agency staff in developing the plan for approaching leadership;
4) Ask for written commitments;
5) Ask for specific contributions (space, time, postage, phone, staff). This promotes a sense of ownership.

The Process

Human Resources

1) The state-level group used outside consultants (TADS and NASDSE) in the group process. This kept the group from being delayed over process issues.
2) Overall coordination and administration was provided by the U.S. Department of Education. This required about 50 percent of one person's time.
3) Regional planning groups had full-time coordinators.
4) TADS provided coordinators with additional training on managing group processes.
5) Communicating and sharing with other State Implementation Grant recipients were important.
6) Consulting on design and development of the resource directory was critical.

Physical Resources

1) Access to meeting space
2) Phones
3) Secretarial help

Fiscal Resources

FY 1977	$264,000	SIG
FY 1979	$ 90,585	SIG
FY 1980	$ 77,952	SIG
	$ 66,128	Massachusetts Developmental Disabilities Council

Information Resources

1) Agencies shared information on programs, mandates, guidelines, and standards.
2) Field sites provided valuable information on how to structure groups and functions and on impractical parts of the plan.

Management

The U.S. Department of Education Early Childhood Project has assumed leadership and overall responsibility for the activities during the project's four years. The regional planning groups met monthly, with more frequent meetings initially. The organization of these meetings (agendas, minutes, follow-up work) was done by a full-time coordinator. The compilation of a resource directory was a major task, since the coordinator interviewed all the programs. The task force assisted by providing lists of programs and developing forms. The other tasks (in-service calendars, public awareness program, and reports on gaps in services) were addressed by the interagency group and the coordinator.

Groups need specific functions/tasks so time spent in meetings is productive. The major tasks assigned to regional planning groups were identified at the field site as the potentially most productive activities. The dilemma for managment was to provide focus and structure, while allowing groups enough flexibility to own the process and to address regional issues.

Communications

Not Applicable.

Driving Forces

1) OSE (*now, U.S. Special Education Programs—SEP*) funding provided for the initial state group and field-test sites and at least half the resources for statewide replication.

2) Most agencies viewed the effort as beneficial.

3) The Department of Education's service mandate caused schools to seek support from other agencies.

4) Fiscal constraints and interest in cost effectiveness renewed interest in coordination of services.

Restraining Forces

1) Bureaucratic constraints slowed efforts; (processing contracts for field-site and regional coordinators).

2) Personnel changes in agencies.

3) Past histories of frustration with interagency groups made many people wary of investing too much time and energy in new projects.

Overcoming Roadblocks

Personnel changes were overcome by frequent communication with agencies, meeting as scheduled, and documenting decisions in writing.

The Results

Informal Agreements

Informal agreements were set up through an in-service calendar and by providing in-service to other agencies through contacts made at meetings.

Formal Agreements

Formal agreements were made between Head Start and the Department of Education.

Positive Effects

Positive results were the creation of the resource directories, the development of interagency groups, and the creation of regionally based professional networks.

Negative Effects

No entry.

Evaluation Strategies

Case studies of field test sites are available for Years 1 and 2 from the Department of Education. The sites were evaluated in terms of plan use; recommendations were made for replication strategies.

Expectations vs. Reality

Initially the state group set out to design a coordinated service delivery system. This turned out to be impossible at the state level because local areas were too different and services and agencies were not distributed evenly.

Replication

No entry.

Free Advice

1) Define specific state and regional planning roles.
2) Define realistic goals and tasks. A small effort grows larger more gracefully than a big one shrinks.

Part 2

Rural Areas and Small Towns

Family, Infant and Toddler (FIT) Project*

Address: George Peabody College of
Vanderbilt University
Box 151
Nashville, Tennessee 37203

Phone: (615) 327-8236
Type Project: Demonstration

Fiscal Agency: George Peabody College of Vanderbilt University

Contact: Bob Kibler†

Project Description:

The FIT Project is a parent-mediated, center-based, educational program serving rural mentally retarded children birth to aged 4 years and their families in community-supported intervention programs.

Synopsis of Interagency Coordination Program:

An intensive training program focused on early intervention issues was offered to rural community professionals as a means of stimulating interagency coordination. Diverse agency participation in the training program led to a network of agencies working to establish a community-based early childhood program.

The FIT Project became OUTFIT, an Outreach project, beginning 1981-82.

†*Director, OUTFIT Project. The FIT Project's coordinator was Judith A. Davis, author of this case study.*

The Setting

The Problem

Historically, with special education in general and preschool special education in particular, low incidence of some types of handicaps made rural areas seek urban resources rather than use limited resources to hire the specialists needed to serve a variety of low incident handicaps (Schrag, Farago, & Walker, Note 1). Finding specialists willing to serve rural areas was also a problem. However, rural areas are becoming less dependent upon urban areas for resources to deliver local special education services. *(Progress Toward a Free Appropriate Public Education*, Note 2).

Rural areas have within their communities many resources available to serve preschool handicapped children and their families. Professionals in welfare, education, and public health agencies have skills which enable them to meet some of the early intervention needs of handicapped children and their families. Some services are provided by rural delivery agencies, but there usually is no coordination of efforts. More training can build a team of rural professionals who can provide much of the needed early intervention services.

The FIT Project works with rural communities where no programs exist to establish community-supported and-administered intervention programs for mentally retarded preschool children and their families. Community-supported programs enable children and their families to receive services in their own area rather than having to travel to cities where such services typically are available.

Climate

The FIT Project, operating from George Peabody College for Teachers of Vanderbilt University in Nashville, worked with four rural communities in middle Tennessee. The project and communities had a common concern for meeting the early intervention needs of handicapped children and their families in their own geographic area. This shared interest enhanced community acceptance of project activities and fostered project and community collaboration. Agencies' participation in the FIT Project training program enhanced support of project activities and goals.

Project Commitment

The project demonstrated its commitments to interagency coordination and increased the pool of trained rural area professionals by providing:

1) A nine-month, weekly training program for community professionals;
2) Personnel to conduct weekly training seminars;
3) A lending library and child development and educational programming handouts;
4) Educational intervention through the FIT model program while local professionals enhanced and developed their own skills.

The time it took to participate in the training program called for agencies to consider the extent of their concern for children and families in their community. Training program participation was not only an opportunity for agencies to enhance services they were providing already, but also a commitment to the primary project goal of establishing a local early intervention program.

Issues of co-ownership and responsibility led the project to develop a series of criteria which communities needed to fulfill to show commitment to project goals. Before the project began in a community, the community needed to provide the following: a facility for project activities, supplies for the educational program (snacks and some materials), transportation when needed for families to travel to Nashville for a comprehensive evaluation, and at least one professional to participate in the training program. The absence of any of these investments indicated a lack of commitment.

The Start

Base in Theory/Research/Practice

The systems intervention approach which guides FIT Project activities comes from an ecological orientation (Gabel, 1979). In this model, the rural community is a unified system comprised of subsystems including families, neighborhoods, churches, services delivery agencies, and networks of friends. One project assumption within the ecological and systems orientation is that all the resources needed to serve handicapped children and their families are available already in rural communities. The FIT Project also uses a systems intervention approach concerning issues of territory, ownership, and notions of "strangers in the community" (Katz and Kahn, 1966).

Consideration of these systems issues led the project to conceptualize carefully its role in the community. For example, the project's status as a stranger in the community meant we approached the community as a resource available to locally determined ends.

Gradually the shared concern for children and families resulted in co-ownership of the primary project goal as well as co-responsibility for achieving the goal. The project anticipated that collaboration with local service providers would be easier if, when we presented our primary goal, our orientation and attitudes were helpful. The community and the project did collaborate by freely seeking and giving advice to one another. This reciprocal influence created a sense of unity in working toward the common goal.

Planning/Approaching Agencies

Initial planning efforts focused on two levels: local and district or regional. The project strategy for entry into the local community was to work with and support a single community professional, either an agency administrator or on-line staff, to serve as the connector between the stranger project and the community. This professional liaison needed three qualifications: longtime community residence, no plans for leaving job or community; and trust and respect of local professionals.

An important planning strategy was to be open and honest from the start about project goals and activities. Beginning with the first stages of planning and community involvement in September 1978, project staff presented these objectives: 1) to develop a parent-mediated model of educational intervention for mentally retarded children; 2) to establish locally supported continuing programs; and 3) to expand the pool of trained personnel in rural areas.

To enhance the probability of community continuation of services, support for local professional activity with the project was sought at regional and local levels. Strategies included using the project director as the contact at the regional or district level, and the project service providers (training coordinator and infant-parent trainers) at the local level.

The local liaison typically made first contact with other agencies in the community, presenting project goals and planned activities to agency personnel. Occasionally, the liaison told project staff whom to contact. After this initial contact, the local liaison arranged for individual meetings between a project staff member and local agencies' representatives. Typically the liaison also participated in these meetings. Project staff usually met first with the supervisory and administrative personnel. During these meetings, the project goal and show of community commitment were shared and project objectives and anticipated activities reiterated. The specific goals of the initial meeting with the agencies were to gain support for the overall project, and support for the training program in particular. Administrators were asked to consider releasing staff to participate in the training program.

Following these individual meetings, a series of follow-up contacts by project staff appraised agencies' progress on child find, facility procurement, local professionals working with the project, and the targeted date for the official beginning of project services in the community. Also, agency personnel were encouraged again to consider releasing staff for training program participation.

The initial approach and follow-up contacts at the local and regional levels facilitated local involvement with the project. In each of four communities, at least four agencies were represented in the training program.

Administrative Support

Regional and local agency administrators were told of project goals and expectations regarding the training program for allied community professionals. Administrators were asked to release some staff. In return for release time, the project promised to provide training to agency professionals in early child development, educationl programming, child measurement, influence of handicapping conditions on development, and parent training-counseling.

Administrators generally supported the project through staff release time. There were some regional differences in an agency's ability to provide support to the project, i.e., the Department of Public Health lacked the personnel in one region to provide release time. The Department of Human Services was unable to provide release time for staff participation in any region, though they supported FIT in other ways, such as referrals and attendance at special meetings.

The Process

Human Resources

The project commitment to openness and honesty, and attitudes of joint ownership and responsibility with the community fostered a climate of cooperation, within which interagency coordination naturally emerged. Diverse representation of community agencies and professionals in the context of the training program facilitiated collaborative effort. The training coordinator, whether presenting information about child development issues or planning individual educational programs, acknowledged individual responsibilities, the community, and the shared mission. This attention to individual professionals was important. Skills concerned with systems intervention and community organization were critical (knowing how much outside technical assistance to provide and how much initiative to leave to the community).

The project director's, political skills in meeting with local county judges, regional administrators, and state coordinators helped to acquire a multilevel base of support for the project. Periodic progress reports by mail or phone maintained this support.

The knowledge and experience of project staff made training efforts credible and developed professionals' confidence in the quality of training and educational programming.

Physical Resources

Interagency coordination was accomplished informally through a FIT Project activity, and thus required no specific coordination materials or equipment. The physical resources provided by each community included a facility with a kitchen and children's furniture, some educational materials used with children, and family transportation.

Fiscal Resources

Service agencies sustained the major cost to communities: 21 professionals representing eight service delivery systems (public schools, the state regional facility for mentally retarded, Mental Health, Public Health, Head Start, Governor's Office of Child Development, a private medical clinic, and rural health services) received release time to participate in weekly sessions of the nine-month training program. Each agency paid staff salaries for three hours each week for nine months. Professionals ranged from on-line staff to program directors. Thus, salary costs incurred by agencies were substantial.

Churches provided excellent facilities for project activities in each community, including utilities and janitorial services. Transportation was provided by senior citizens, public health, and adult activity centers. Some materials were provided by local ARCs, teen organizations and school systems.

The estimated minimum cost for operating a program similar to the FIT model, including the educational and training programs, is $20,000 per site.

Information Resources

In the weekly training seminars, community professionals had opportunities to share information about their agencies' function, funding, services, and policies. Professionals also shared their skills and knowledge through case conferencing in seminars. Through the identification and discussion of individual client needs, professionals became familiar with the available community resources, and a network of interagency coordination emerged. Participants shared materials relevant to training seminar topics and program models for early intervention that seemed to have potential for their community. Professionals also arranged for community visits and observations of other early intervention programs in their regions.

When planning began for locally supported early intervention, professionals gathered information on how agencies could best work together, what models were available, and how to develop a model appropriate for their community.

Management

Interagency coordination was achieved informally in the four communities through the training program. FIT staff did not take the lead in interagency coordination, but rather acted as helpers in this process.

Leadership of the interagency effort was different in each community. One community reconstituted a Child Development Council of representatives from a majority of community agencies. Council leadership roles were elected positions. This council formed work committees to establish a community supported early intervention program. The other three communities were less formal about leadership and in developing a team of agency representatives. In these three communities, agencies shared responsibilities with one agency usually acting as a central clearinghouse.

No agency formally changed its function or organizational structure during the interagency coordination leading to a community-based program. However, assumption of responsibility for administration of the community-based program required structural changes in several agencies. In two of the four communities, the agency that changed was the Adult Training Center, as the child programs became satellite centers. In a third community, the child program became a satellite center of a child development center in an adjacent county. Some organizational changes were necessary for that center.

Communication

The project was the prime communicator of relevant information to agencies, families, and communities. Along with initiating communication, project staff encouraged agencies to use project and community resources in their efforts to provide quality services to their clients. Mutual problem solving was encouraged and served as a means of communication. Project staff tried to respond immediately to requests for help.

Driving Forces

Local professionals wanted to receive the FIT project training for interagency coordination, and agencies were happy to get free training that staff wanted. The diversity of local agency representation in the training program also enhanced interagency coordination efforts.

Another driving force was the commitment of agency participants to the goal of establishing a community-based early intervention program as training progressed. Given the diversity of agencies involved, interagency coordination seemed the most reasonable, productive means to the goal.

In all communities, the commitment of agencies to provide for residents' needs was an important force. A sense of *community* pride and accomplishment was more powerful than individual agency pride and achievement. A sense of "taking care of ourselves," and working together to do that was another big push for interagency coordination. Outside forces such as state or federal mandates were not as powerful as feelings of community pride and the desire to be responsive to community needs.

Restraining Forces

Each of the four communities had at least one important, visible agency that did not participate in the training program. While the absence of representation of a key program did not cripple interagency coordination, neither did it enhance development of a comprehensive linkage system and cooperative network of agencies. Though the missing agency was not viewed as a strong partner in the interagency effort, the agency's involvement in special events and planning meetings was not ruled out.

The most powerful inhibitors of coordination were breakdowns in communication, particularly transmittal of misinformation.

Overcoming Roadblocks

The best strategy used to overcome communication problems was openly acknowledging them and talking about solutions. The project policies of being open and honest about goals and perceptions and co-owning responsibility for any event were critical in diminishing problems. Conflicts typically arose from personal investment in an idea, vision, or way of doing something. We over came roadblocks by noting personal positions, then resolving problems in terms of the collective goal.

The Results

Informal Agreements

In addition to informally agreeing to fulfill entry criteria, agencies agreed to be responsible for ways to establish a community-based program beyond federal funding of the project. These included:

1) Community awareness activities;
2) Local funding drives; and

3) Development of a team of professionals responsible for writing grant applications, and finding funding sources such as Title XX, DDSA, and/or private foundation monies.

The FIT Project informally agreed to provide technical assistance and additional support as needed.

Formal Agreements

Few formal agreements were required by the project or needed during interagency efforts. Some agency supervisors wrote formal contracts providing release time for staff participation in the training program. Beyond that, initial formal agreements were negotiated informally among all parties.

Formal agreements were required with churches providing facilities for project activities. Ministers presented the project and community goals, along with requests for use of their facilities to their boards. Upon approval, written agreements were sent to the project director from three of the four communities.

Positive Effects

The most positive effect of interagency coordination is that three of the four communities got funding and started educational programs. The fourth community will begin operation in July, 1981. The communities serve 55 children in rural areas where no programs existed. To do this, agencies shared responsibilities and supported one another, rather than protecting their own interests and client rosters.

Through interagency coordination, local professionals are more familiar with each other and more aware of local, regional, and state resources. Also, the communities now are aware of the importance of early intervention and commitment to child find activities.

Negative Effects

No negative effects are apparent from interagency coordination. Interviews with local professionals indicate a personal and community satisfaction with the project.

Evaluation Strategies

No formal evaluation strategies were thought relevant, since achievement of a community-supported early intervention program was considered to be the best evaluation tool. However, training program attendance, meeting reports, periodic measurement of services to the target population, and periodic needs assessment within the context of the training program were helpful in evaluating interagency coordination. Evaluation results are in the FIT Project annual and final reports (available upon request).

Expectations vs. Reality

The success of interagency coordination exceeded the project's initial vision. The project expected the extensive training program staff release time commitment would yield only one, perhaps two, participants in each community. We expected a modest interagency coordination effort to emerge from one or two agencies in the training program. Instead an extensive network of capable agencies developed in each community.

Replication

To date, the FIT Project training program and interagency coordination effort, has not been replicated. A slidetape overview of the project to assist potential replication sites is available from the Information and Referral Office, John F. Kennedy Center, George Peabody College for Teachers, Nashville, Tennessee 37203.

Several documents are being prepared and will be available September 1981 to assist potential replication sites. The *FIT Guide* describes project components, strategies, procedures, materials, and evaluations. *Training Professionals Concerned with Early Childhood Special Education* provides a comprehensive description of the training program.

Free Advice

1) *Living the values of the conceptual orientation.* Awareness of project status as a stranger in the community, and thus behaving as a resource to, not a member of, the community is critical. Co-ownership of the project goal is equally important.

2) *Community participants.* The willingness of people to work with project staff and activities to meet individual and collective needs is crucial.

3) *Rural professionals.* The rural professionals working with the FIT Project are knowledgeable. Their vision and skills are central to the success of the interagency effort.

References

Gabel, H. *The Family, Infant and Toddler Project: Early Intervention for Rural Families with Retarded Children.* In Schalock, R. (Ed.), Monograph No. 2, *MRMDD Services in Rural America...It is time.* Washington, D.C.: Institute for Comprehensive Planning, 1979.

Hobbs, N. Helping Disturbed Children: Psychological and Ecological Strategies. *American Psychologist*, 1966, *21*, 1105-1115.

Katz, D., & Kahn R. *The Social Psychology of Organization.* New York: John Wiley, 1966.

Schrag, J., Swinburne-Farago, L., & Walker, L. *Education of Handicapped Children in Rural Areas.* Paper prepared for the Rural Education Seminar, College Park, Maryland, 1979. (ERIC Document Reproduction Service No. ED 172 982).

Progress Toward a Free Appropriate Public Education: A Report to the Congress on the Implementation of Public Law 94-142, The Education for All Handicapped Children Act. U.S. Office of Education, January 1979.

Williamsburg Area Child Development Resources, Inc.

Address: P.O. Box 299
Lightfoot, Virginia 23090

Phone: (804) 565-0303
Type Project: Outreach

Fiscal Agency: Williamsburg Area Child Development Resources, Inc.

Contact: Barbara Kniest*

Project Description:

Private, nonprofit agency offering interdisciplinary programming for handicapped and developmentally delayed infants aged birth to 2 years and their families through a home-based setting. Emphasis is on the parent as primary teacher.

Synopsis of Interagency Coordination Program:

Child Development Resources (CDR) has long enjoyed an informal relationship with local public schools. Formal interagency agreements emerged from this relationship to maximize resources and expertise toward the goal of comprehensive services for preschool handicapped and developmentally delayed children.

Our cooperative efforts require few additional fiscal resources and are easily integrated into established workscopes. Open communication is vital to interagency cooperation.

**Case study author.*

The Setting

The Problem

Public schools in Virginia are mandated to serve identifying handicapped students aged 2 to 21 years and are responsible for identifying children birth to aged 21 years with special needs. In 1976, local public schools began services to handicapped children over 2 years of age and CDR (originally the Williamsburg Preschool for Special Children) transferred its preschool program to public schools. CDR then concentrated on handicapped, developmentally delayed, and at-risk infants birth to aged 2 years.

Although informal cooperation had been ongoing, the transition of a whole program from one agency to another was the impetus for CDR to pursue a formal interagency agreement. This was further indicated by the common goals of identifying handicapped children birth to aged 2 years, increasing awareness and support for early intervention, and ensuring a smooth transition of individual children who would, at age 2, move from CDR's services to those in public schools.

The Climate

CDR's efforts at developing a written agreement met with some initial resistance from top level school administrators and some school board members. CDR parents and board members were instrumental in gaining support for this agreement. The support of a particular school administrator was vital.

Project Commitment

CDR's commitment to interagency cooperation is ongoing, as shown by the written goals of its Demonstration and Outreach Projects.

CDR representatives serve on a variety of interagency teams such as special education advisory committees, Head Start Health Committee, Interagency Transit Advisory Committee, local and regional multidisciplinary teams (addressing child abuse problems) and focus teams (coordinating services for mentally retarded clients). Also, CDR has initiated activities designed to foster interagency cooperation. These have included informal coffees to acquaint personnel and programs and more structured meetings to focus on particular problems, e.g., the needs of adolescent parents or program planning for mutual clients.

The Start

Base in Theory/Research/Practice

No entry.

Planning

Interagency cooperation between the Williamsburg Preschool for Special Children and the public schools had existed on an informal basis since at least 1972. Planning for a formal agreement began in Spring 1976.

CDR's director met with school administrators to draft the original formal agreement. The following were discussed:

1) Ages to be served by CDR and the LEA;
2) Referral procedures and contact people for each program;
3) Representation on admissions/eligibility committees;
4) Sharing facilities, specialized equipment, materials, personnel, staff development, and parent programs;
5) Transportation arrangements;
6) Curriculum development.

Approaching Agencies

The most successful approach for initiating involvement in interagency cooperation seems to be personal contact with persons able to authorize interagency cooperation and with professionals who will be responsible for carrying it out. Informal gatherings are a good means of bringing together people serving mutual clients. This relaxed atmosphere leads to problem solving and creative uses of people and resources. Personal relationships develop on which to base future cooperation.

Presenting a proposal or concrete suggestions for group reaction is an expedient way of pursuing a written agreement. Providing samples of other interagency agreements and their results is a positive way of initiating cooperation with new agencies. The lead agency can help convince other agencies of the benefits of mutual efforts.

Administrative Support

Heads of agencies and their governing boards are particularly accessible in a small town setting such as the Williamsburg area. Office space for meetings, secretarial help, release time, and executive participation has seldom been a problem in this interagency effort.

The Process

Human Resources

Several personnel resources propelled the formal interagency coordination effort:

1) A creative, forward-looking project director with particular expertise in group leadership;
2) Politically astute project board chairman with expertise in influencing groups;
3) Support and commitment of a key member of the school administration.

Physical Resources

Few additional physical resources are needed. Meeting space is always available at the project or in the school systems. Responsibilities and costs for materials, time, and personnel are shared for joint activities such as Child Check, a community screening to identify handicapped children birth to aged 6 years.

Fiscal Resources

This interagency effort concentrated on maximizing the results of commitments already made by participating agencies. Few additional monies were needed to fund these activities.

Information Resources

In developing successful interagency cooperation, all parties need to understand each other's restraints, mandates, philosophy, and working conditions. In addition to personal contacts with staff, the following documents have been useful in reaching this understanding:

1) Copies of state and federal legislation relating to education of the handicapped;
2) Rules and regulations from Virginia Department of Education governing educational programs for the handicapped;
3) Local policies and procedures (CDR and public schools);
4) Numbers of children identified and served;
5) Flow charts and organizational structures;
6) Sample interagency agreements.

Management

This particular interagency effort is managed through ongoing personal contact, but not through a formal meeting schedule. The interagency agreement itself is developed by CDR and public school administrators and then is submitted to CDR's Board of Directors and the appropriate school boards for formal approval. Administrators and boards hold a yearly review of the agreement.

Interagency meetings discuss specific needs such as planning Child-Find activities, attending eligibility committee meetings, and update of interagency agreement.

Communications

The following procedures have been useful in reducing communication problems:

1) Having joint and individual responsibilities written and clearly defined;
2) Specifying appropriate contact people for various situations;
3) Putting requests, decisions, suggestions, etc, in letter or memo for reference;

4) Increasing personal contact through informal get togethers;
5) Sharing policies and procedures, agreements, decisions, etc. *with all staff members*, not just decision makers.

Driving Forces

Critical driving forces included:
1) Commitment by CDR and local public schools to provide quality programs for preschoolers;
2) Overlapping mandate for identifying handicapped infants;
3) Desire to eliminate duplication of services and to maximize resources and impact;
4) Need for smooth transition of CDR children into public schools;
5) Skilled CDR administrator and key member of school administration;
6) Community and school board support of CDR;
7) Emphasis placed on interagency coordination by the federal Office of Special Education *(now Special Education Programs—SEP)* and the Virginia Department of Education.

Restraining Forces

Critical restraining forces included:
1) Communication failures to and from implementors, resulting in no follow-through or commitment.
2) Frequent personnel changes;
3) Resistance from those unaware of or uncommitted to interagency cooperation;
4) Reluctance of staff to release clients to another agency.

Overcoming Roadblocks

Information strategies usually overcome institutional problems. Orientations for new staff members eliminate the problem of on-line staff not knowing interagency policy and procedures. Periodic informal gatherings for cooperating staffs encourage discussion.

The Results

Informal Agreements

No entry.

Formal Agreements

Interagency Coordination efforts between CDR and local public schools have resulted in formal agreements to be reviewed and approved yearly by CDR's Board of Directors and the appropriate school board. These agreements address:
1) Ages of handicapped or developmentally delayed children to be served by CDR and public schools;
2) Referral procedures and contact persons for CDR and public schools;
3) Joint responsibilities for Child Find activities involving children birth to aged 2 years;
4) Representation on admissions/eligibility committees when appropriate;
5) Sharing facilities, specialized equipment, materials, personnel, staff development, and parent programs.

Positive Effects

1) Comprehensive Child-Find program in locality;
2) Streamlined referral system;
3) Smooth transition from private to public agency;
4) Established basis for solving emerging problems;
5) United advocacy on behalf of early intervention;
6) More dialogue among staffs;
7) More sharing of materials and expertise;
8) Greater creativity and flexibility in solving problems;
9) Better understanding of individual programs.

Negative Effects

No entry.

Evaluation Strategies

The success of this effort is measured through the number of formal interagency agreements in effect; the extent to which activities take place as specified in agreement; the number of cooperative activities conducted in a year; the number of children identified and receiving services; and through informal feedback regarding satisfaction with these efforts and unintended spin-offs.

Expectations vs. Reality

It is unrealistic to expect that things will run smoothly simply because procedures are written down.

Replication

All agencies replicating CDR's model components are encouraged to explore local interagency cooperation. Sample interagency agreements are available from CDR.

Free Advice

Keys to interagency success are: ongoing dialogue among staff at all levels and philosophical commitment to maximize resources and expertise.

Part 3

State Stimulation of Local Efforts

Maine State Implementation Grant

Address: Division of Special Education
Maine Department of
Educational and Cultural
Services
State House Station #23
Augusta, Maine 04333

Phone: (207) 289-3451
Type Project: SIG

Fiscal Agency: Maine Department of Educational and Cultural Services

Contact: Christine B. Bartlett*

Project Description:

This state and local system to coordinate services for handicapped children aged 3 to 5 years was sponsored by the Departments of Human Services, Mental Health, and Corrections and Educational and Cultural Services.

Synopsis of Interagency Coordination Program:

The Maine coordinated approach to service delivery 1) uses existing resources to avoid duplication of services; 2) provides funds for the elimination of gaps in local services; and 3) promotes coordination of agencies.

At the state level, the Interdepartmental Coordinating Committee for Preschool Handicapped Children 1) determines new and continuing grant awards; 2) monitors and evaluates local efforts; and 3) develops policy to facilitate local coordination, i.e., interdepartmental agreements and program standards. A local committee serves as a governing board and coordinates 1) existing screening diagnostic and evaluation services; 2) education and related services; 3) planning for new services based on identified regional needs.

The Special Needs Preschool Program is one of seven local programs currently funded in the state. Original funding for these sites was through a two-year SIG, the Maine Preschool Incentive Grant, and a two-year pilot appropriation from the Maine State Legislature. The state and local operations are, as of July 1980, entirely funded with state money, as will be the program's statewide expansion.

---

*Case study author.

The Setting

The Problem

Washington County is large, rural, coastal, and poor with many isolated small communities. Long, cold winters often make travel difficult and isolate people and agencies more than usual. Before the coordination effort started, only one major program served preschool handicapped children in Washington County. Other county screening and diagnostic services were branch offices of parent agencies located in another county 90 or more miles away. This meant long trips for evaluations and poor communication between agencies. Interagency coordination seemed a better way to use existing resources and to develop sound strategies for adding resources.

The Climate

The agencies approached were generally open and enthusiastic about interagency coordination. At first the Public Health Nursing program was uneasy, perhaps fearing the effort might conflict with their interests. But, they agreed to participate and have remained involved for the nearly three years the program has operated.

Though only partly successful, previous efforts at coordination were viewed positively. These had focused on specific issues, like getting better services from the community mental health center satellite. Shared rural values and a self-help attitude created a friendly climate. Mutual agency problems included 1) low salaries, 2) low budgets, and 3) attracting and keeping qualified specialists.

Potential barriers to coordination were differences of professional philosophy among the education, medical, and social service communities.

Project Commitment

Letters of commitment were in the original local proposal to the state, and detailed what each agency would offer to assure a comprehensive system for screening, evaluating, and serving preschool handicapped children would be available. These letters were seen as signs that agencies were serious about participating.

The Washington County Children's Program (WCCP) offer of office space and secretarial support helped to demonstrate local support.

The Start

Base in Theory/Research/Practice

In 1972, three state departments jointly funded development of a theoretical framework for health and social services interagency coordination. One county was funded to field-test the model, and succeeded without special funding for several years. Early design decisions for the state preschool model were based on this experimental model. But the real impetus for the preschool design came from the education committee of the state legislature. The committee asked the three commissioners to report on the status of preschool handicapped services and recommend future action. The commissioners recommended field-testing several models for local coordination and to coordinate state programs. Furthermore two of the agencies involved participated in the earlier interagency coordination field test, and portions of their model were used in the Washington County design.

Planning

Planning for the Washington County program began in January 1978, spurred by the knowledge that funds might be appropriated through the state legislature later in the year. A Local Coordinating Committee (LCC) was established, with members from the nine county school districts, the regional offices of Human Services and Mental Retardation, public health nurses, the EPSDT and WIC programs, Head Start and Day Care, the Mental Health Center branch, several programs for handicapped and nonhandicapped preschoolers, and parents of preschool handicapped children. Their purpose was to look at 1) the availability of services; 2) the number of children receiving services; and 3) the anticipated number of children requiring services. They also developed ways to address common concerns. The major obstacle was money—who would pay for what; who had final fiscal responsibility? The final design of the program was partly dictated by state requirements for receiving a grant award.

Approaching Agencies

The director of WCCP, aware of potential funding means, took the lead in approaching agencies to participate. The director sent an initial memorandum to various county service providers and then discussed the concept with them individually. People contacted talked to other agencies or individuals whom they thought might be interested. Some had participated in previous small interagency efforts and were willing to put a lot of time and energy into making this one work, especially since it would bring substantial state funds to the county.

Administrative Support

Most administrative support was gained simply by talking to people. The SIG took advantage of good relationships developed by WCCP. The willingness of the Machias school system to serve as fiscal agent generated support from other LEAs and agencies. In addition, the superintendent of the Machias district served on the LCC for the first year and a half.

The Process

Human Resources

The human resources included political knowledge (how to affect the political system, prior knowledge of pending legislation) and positive attitudes toward coordination. Also, a high level of commitment was critical.

The absence of group facilitation skills and a lack of experience with this kind of coordination may have slowed progress. Lack of knowledge about the kind of skills needed in a local coordinator also contributed to a slow start.

Physical Resources

Physical resources (equipment, supplies, office space) were purchased either with grant funds or contributed by participating agencies. Sharing office space with the WCCP and another provider helped. The drawback to this arrangement was (and to some extent still is) the difficulty in establishing a separate identity for the coordination program. However, this has been viewed generally as a strength, since originally the coordination program was able to piggyback onto WCCP's reputation, thus gaining early credibility.

Fiscal Resources

A key factor in the program's success was the major grant obtained from the three state departments and administered through the state Department of Educational and Cultural Services. This grant, plus in-kind and already available services, constitute the coordination program's fiscal resources. Most of the cost for direct services to children is born by existing local and state programs.

This program cost approximately $37,000 its first year (the range for the other six similar programs in the state was from $25,000 to $38,000). After the first year, the cost to maintain the system, and continue to fill gaps in services has been approximately $46,000 ($45,000 to $60,000 for the other sites). These figures exclude the service contributions of the other area providers.

Information Resources

Several individuals who knew about pending legislation shared this information with other agencies. In addition, knowledge of related legislation and funding sources helped capitalize on resources. A WCCP survey on county children receiving special education and related services in the 3-to-5-year age range with a projection of the number of children needing such services, was useful. Sharing this information with other agencies helped gain their participation, as well as form county coordination plans. Finally, the WCCP newsletter was an important resource for parents and programs.

Management

The LCC is the governing board for the interagency program. It meets monthly, with subcommittees meeting when needed. The meeting structure was originally very informal. In response to direction from the state, the LCC has developed bylaws for offices, election procedures, and terms of membership. Due to the infant status of the program, some confusion still exists regarding LCC and coordinator roles. These issues are being addressed.

This program's experience (and that of the six other programs in the state) has convinced us it is critical to have a full-time, independent coordinator hired by the LCC, rather than use an employee answerable to a specific participating agency. A full-time coordinator is needed because effective coordination is time-consuming. Independence permits the coordinator to stand above agency politics, to be seen as objective or neutral and to be an advocate for the system rather than for any particular agency.

Communication

Most communication is through a monthly meeting of the LCC. Also, the program coordinator maintains formal and informal contacts with providers and families between meetings. She is also a member of several community boards and committees. A coordinator must communicate well and be willing to be involved with many community activities. Regular newsletters and correspondence also keeps communication open.

Driving Forces

1) Commitment of the superintendent who served as fiscal agent and on the coordinating committee;
2) State funds and support for an interagency effort at the local/regional level;
3) Available county resources.

A grant paying for staff to coordinate and supplement direct services was a major success factor. The grant helped to cement local commitment to the interagency effort.

Restraining Forces

There appear to be only two major restraining forces, one a state issue and the other local:

1) It seems interest in coordination comes more from the Department of Educational and Cultural Services than from the other two participating state agencies, suggesting a lesser commitment to the local program from the latter. For some regional staff, this has translated into reluctance to fully commit themselves to the local effort.

2) Personality conflicts among some individuals.

Overcoming Roadblocks

The resolution of the first restraining force must rest with the Interdepartmental Coordinating Committee (ICC) at the state level. Several steps have been taken by establishing:

1) A liaison system, with members of the ICC assigned to each local program to better communicate with the state; and

2) A system for regular written communication from the state committee to the local committees and coordinators. The ICC also is trying to make state department support more visible at the local level. Approaches include getting more staff time from the two departments in question and developing written interagency agreements at the state level.

The resolution of personality differences depends largely on the local coordinator's skill in dealing with individuals. Administrative skills and a programmatic background seem ideal for such a position.

The Results

Informal Agreements

The program used a variety of informal agreements:

1) Area nursery schools received consultation and support in return for taking young handicapped children;
2) LEAs got help with mandated Child-Find efforts;
3) The Bureau of Mental Retardation contributed evaluation resources;
4) Staff development and training opportunities were shared.

Formal Agreements

The Special Needs Preschool Program (SNPP) has several formal contracts with individuals and agencies, ranging from impedance screening to tuition payments. Formal agreements by participating agencies to provide specific services are required as a part of the grant process. Also, there is a formal agreement between the SNPP and the WCCP regarding case management responsibilities.

Positive Effects

The approach to Child Find developed by the program and LEAs is effective; public school participation in the system is assured. The single source of entry into the service system has eliminated contacts with multiple agencies. Parents are no longer confused about where to go to get services. Coordination has led to more complete and appropriate use of existing programs and resources, and enables the county to develop additional resources. The quality of some existing programs has improved, e.g., impedance screening, evaluations, mental health center services, and area preschool programs. Also, agencies now have a way to identify and prioritize county needs, not solely their own concerns.

Negative Effects

No negative effects are apparent attributable to interagency coordination itself. Those negative forces which still exist were there already, and appear to have been lessened by the interagency effort. A possible negative effect is some role confusion of agency representatives on the LCC. They need to distinguish better between their role as governing board members, and their role as service providers.

Evaluation Strategies

Evaluation of the local program has been informal. Feedback from agencies and individuals is discussed at monthly meetings of the coordinating committee. The committee is now developing a formal self-evaluation procedure. The ICC has sponsored two formal evaluations of this program and the other six. A private firm conducted the first evaluation and an interdepartmental team the second. Both evaluations conducted on-site interviews and reviewed records and reports. Both reports are available from the Department of Educational and Cultural Services.

Expectations vs. Reality

Several discrepancies between what we expected and what we got emerged:

1) *Time*. Developing a working system for coordination took longer than expected, as did getting direct services to children.

2) *Coordinator Skills*. We thought a strong early childhood special education program background was most needed, but administrative experience or aptitude was the critical factor.

3) *Finance*. Initial costs were less than anticipated because direct service costs didn't appear until late in the year.

Replication

The Washington County program has not been specifically replicated. A basic model for coordination was developed by the ICC and funded in seven state locations. The framework established by the state model is the same in each location. But, the actual design and implementation varies, depending on the mix of services and resources and geographic differences. While we expect to use our experience in the seven programs to develop others in the state, variety will remain.

Free Advice

Our experience suggests interagency efforts need:

1) A high degree of local commitment to working cooperatively;
2) Full-time coordinator independent of participating agency;
3) State funds.

Connecticut State Implementation Grant

Address: Connecticut State Department
of Education, Bureau of School
and Program Development
P.O. Box 2219
165 Capitol Avenue, Room 375
Hartford, Connecticut 06115

Phone: (203) 566-5278
Type Project: SIG

Fiscal Agency: Connecticut State Department of Education

Contact: Virginia Guldager and Holden Waterman*

Project Description:

This state-level approach to the coordination of early intervention services serves children with special needs birth to aged 6 years. An Interagency Early Intervention Committee uses data from rural, urban, and suburban pilot sites as a basis for interagency planning.

Synopsis of Interagency Coordination Program:

The Connecticut SIG focuses on interagency collaborative efforts at state and local levels. Numerous cross-agency resources have been integrated in the course of developing early intervention programs and services. The program has made substantial contributions to existing services for young children with special needs, while laying groundwork for future interagency resource planning.

**The former SIG Coordinator was Judy Hasty Larson, author of this case study.*

The Setting

The Problem

Like other states, Connecticut is working to integrate and implement many laws, regulations, court orders, and other mandates to provide education, health, and social services to children and their families. Nowhere is the problem more complex than in the provision of services to families with very young handicapped children.

Young handicapped children and their families in Connecticut are the potential recipients of services, due process, and funding entitlements under at least 38 federal programs. Obstacles to successful state and local provision of these benefits to children and families are related primarily, but not exclusively, to limited fiscal and personnel resources. Interagency collaboration can lead to more efficient use of resources and less duplication of effort.

The Climate

Prior to the State Implementation Grant project, there had been attempts within the pilot site locations to align services to children birth to aged six years, including instances of agencies working together. But, there had been no planned attempt to initiate interagency cooperation.

Personality issues, conflicting interests and regulations, mandates, and budget limits were problems at local sites. But all agencies shared commitments to providing quality services and making this effort work. The agencies supported the interagency project by providing staff time and other resources. All agencies participated actively and enthusiastically.

Project Commitment

The Connecticut SIG focuses on increasing the system's responsiveness to the changing needs of the developing handicapped child through interagency cooperative efforts. Strategies include:

1) Increasing awareness, interest and commitment of state agencies to ensure early intervention services;
2) Determining service gaps and overlaps;
3) Planning with the agencies for maintaining, developing, and modifying services.

The Start

Base in Theory/Research/Practice

The idea of interagency cooperation in serving handicapped children and their families is not new. Unfortunately, the instances of "paper cooperation" are many and real success stories few. Many agreements are simply promises to cooperate. But mere cooperation seldom leads to more or better services or eliminates service duplication. Too often the spirit of cooperation meets bureaucratic barriers. A well-designed interagency effort recognizes the constraints, requirements, and discretionary authority of each participating agency, and capitalizes on common purposes and ways of meeting those responsibilities. More options are available to agencies in meeting their statutory responsibilities than are recognized. More important, state leadership options can be multiplied by carefully designed interagency efforts.

Planning

In 1978, planning activities began within the State Department of Education with input from other state agencies providing educational and related services. Three pilot sites were selected for their common traits (existing early childhood special education program, local resources available through the same agencies, etc.), yet with a particular interest in ensuring that an urban, suburban, and rural site were included. Pilot site selections were made on the basis of a survey of Connecticut's 169 LEAs. Subsequent planning was done with pilot site personnel and the Interagency Early Intervention Committee. The population to be addressed was originally defined as those mandated for the provision of special education services (3 to 6 years) with the addition of the premandated population (birth to 3 years) to ensure a comprehensive approach.

Approaching Agencies

Project staff briefed state agencies on the SIG project and asked them to complete a written survey designed to gather information about the mandates, regulations, programs, services, and resources of each agency. Ongoing communication between grant personnel and agency staff provided a good basis for involving these agencies and their local offices in the planning and implementation phases of the pilot sites. In the second grant year, the Interagency Early Intervention Committee, consisting of representatives of 12 state agencies providing early intervention services, was established. This group was an excellent means of communication with and among agencies involved.

Administrative Support

The SIG project proposals are reviewed and approved by the Connecticut State Board of Education prior to submission to Washington for funding. The SIG submits monthly project reports to the State Department of Education and to contact persons in other state agencies in the project. General administrative support for the project and related interagency activities were helpful in completing project goals.

The Process

Human Resources

Interpersonal skills, attitudes and group processes, are the human resources least controlled by participants and most likely to affect the interagency process. Collaboration occurs despite barriers. Interagency work is carried out by individuals with distinct personalities. But, though individuals are responsible for negotiating, project goals, clearly defined at the onset, remain the focal point; related issues are resolved with regard to them.

Physical Resources

At the state level, adequate physical resources and materials were included in the grant proposal and provided through the recipient, the State Department of Education. Clerical support for the project should be clearly defined, and if possible, be done by someone in an ongoing position.

Environment, specifically meeting spaces, should be planned. Sharing responsibility for providing meeting space solves the problem of few or inaccessible conference rooms.

Fiscal Resources

At the local level, the SIG project through the LEA funded the salary of a half-time coordinator, half-time clerical support, materials, supplies, office space, and travel for one year. Participating agencies provided staff time to attend meetings, information, and follow-through. While this seed money provided an incentive to begin to plan for cooperative service delivery, it was not responsible for Local Education Agency commitments to participate. The major driving force was local recognition of need for coordination of services. Each pilot site had early childhood special education programs in place and some experience in intermittent cross-agency exchange or provision of services. Local interest in the project came from understanding early intervention and available services and experience in working with other agencies.

Information Resources

Knowledge of each agency's roles, structures, functions, and mandates is essential for a lead agency to develop a coordinated plan. In planning with other agencies, accurate information on your own agency is crucial.

Reviewing and explaining agency policies, regulations, mandates, and services was vital to state and local staffs. At the state level, a matrix of services was prepared to show existing services, gaps, and overlaps.

Each pilot site collected information from each agency and presented it to the group. Available information on interagency coordination was reviewed and used where appropriate. While specific models were presented, each site modified them for its community.

The process for approaching problems and issues must be carefully planned and organized. Goals must be specific and clear. Agencies must know why they are invloved and in what way. This component should be outlined with specific objectives and strategies for each agency.

Management

Appendix E contains a chart that shows the project's management structure. Education agencies at each level assumed leadership. At the State Department of Education, the State Implementation Grant project organized these efforts; local pilot sites were established in three local education agencies. Participation was not formalized with elections or bylaws, but agencies were involved due to support from their administrators.

Communications

Reports of local and state level State Implementation Grant project activities were circulated monthly to agencies. The local level held regular meetings with specific agenda and follow-up (minutes, additional information, etc.) provided. At each level, information on services, resources, mandates, and regulating and enabling legislation provided a good basis for working together. Each pilot site's goals were developed by the local interagency councils and the process outlined and followed. The involvement of each representative in this matter helped to ensure continued active participation.

Driving Forces

The initiative for this project came from SIG funding, provided to Connecticut by the U.S. Office of Special Education (now, Special Education Programs—SEP). Additional driving forces provided momentum:

1) Willingness of participating agencies to provide staff time and support;

2) Ongoing support by the State Board of Education, the Commissioner of Education, and the State Department of Education Administration for the SIG project and related activities;

3) Commitment of the LEA administration to the project and to providing early intervention services;

4) Specifying and clarifying roles and relationships of agencies.

Restraining Forces

It is critical that participating agencies exchange information about their respective structures and resources. This takes much time yet the resulting communication and understanding helps to ensure later success. This factor is not a restraining force per se, but is worth noting.

Other restraints are:

1) *Restraints and regulations within agencies.* Specific procedures may become restraining if not anticipated and planned for.

2) *Interactions between personalities.* Interagency work is interpersonal. Conflicts between individuals arise and must be handled.

3) *Lack of specific goals.* While long-range goals are necessary, they must be supported with short-term objectives, so gains can be measured along the way.

Overcoming Roadblocks

No entry.

The Results

Informal Agreements

At state and local levels, the informal agreements reached clarified agency practices and roles. Within the pilot sites, LEAs were able to communicate their needs more specifically while identifying the needed community resources. The local pilot site projects better defined, and in some instances expanded, service delivery systems. At each pilot site, an interagency council was convened to fulfill one or more of the following functions:

1) Gathering and sharing information;

2) Developing comprehensive service delivery systems within the community;

3) Creating collaborative solutions to existing problems (gaps or overlaps in services, internal conflicts, etc.);

4) Reviewing actual cases;

5) Serving as advisory council to existing services and programs;

6) Planning to meet service needs.

Formal Agreements

At the state level, the Department of Health Services and the State Department of Education negotiated a formal written agreement that addressed delivery of specific services within the three pilot sites (see Apprendix F).

One pilot site wrote agreements with the local Head Start program (see Appendix G) and the local Title XX-supported Day Care Program (see Appendix H). Each of these agreements provided for an exchange of services and technical assistance.

Positive Effects

While specific gains varied among pilot sites, serveral common outcomes may be cited:

1) *Increased communication between agencies.* Agencies are more aware of others' roles and functions.

2) *Modification of existing service delivery and program models.* In each case, the changes enabled sites to use more readily other agencies' resources.

3) *Revision, addition, or deletion of agency procedures and practices.* Many procedures are sanctioned solely by tradition. Changes are not made quickly, but eventual revisions are significant.

4) *Better communication between state and local agency personnel.*

5) *Heightened awareness and support of early intervention and interagency collaboration at the state level.* This is shown by the continuing support of the Interagency Early Intervention Committee.

Negative Effects

1) *Personality difficulties.* Individuals sometimes had difficulty working together.

2) *Turf protection.* This was especially prevalent when agencies had previous disagreements. Interagency coordination efforts spotlighted these difficulties but helped solve some of them, too.

3) *Constriction of Services.* Attempts to specify populations served by each agency threatened to narrow the populations served and create more gaps. Continued negotiations and collaboration is needed to dispel these constraints.

4) *Professional differences.* Sharing roles, mandates, regulations, and jargon sometimes emphasized differences more than similarities among the human service agencies.

Evaluation Strategies

Interagency coordination efforts were evaluated by a project consultant. Each site submitted quarterly progress reports to the SIG. The results are filed with the SIG and pilot site personnel. (Please see the "Replication" section of this case study for references).

Expectations vs. Reality

As interagency efforts developed, original perceptions and premises were modified often:

1) The pilot sites provided support for expansion of collaborative efforts at the state level. The original proposal thought collaboration would flow from the state to the local level. But the experiences within the pilot sites were most benefical to state personnel.

2) Time lines generally were expanded. Cooperation required a great deal of time and commitment.

3) The assumption that agencies are knowledgeable about the roles of other agencies serving the same population is erroneous. Information exchange and clarification was needed and wanted on a regular basis.

Replication

Resources:

1) Connecticut State Department of Education
Bureau of School and Program Development
Virginia Guldager, SIG Project Director
Holden Waterman, SIG Project Coordinator
P.O. Box 2219 Room 375
Hartford, Connecticut 06115

2) Branford Board of Education
Alice Tippett, Director, Pupil Services, Special Education
33 Laurel Street
Branford, Connecticut 06405 (203) 488-5000

3) Bridgeport Board of Education
James Connelly, Assistant Superintendent
45 Lyon Terrace Room 310
Bridgeport, Connecticut 06604 (203) 576-7229

4) Putnam Board of Education
John Vitale, Director of Special Education
208 School Street
Putnam, Connecticut 06260 (203) 928-7995

Free Advice

1) Have a common goal to ensure comprehensive delivery of early intervention services.
2) Continue active and enthusiastic participation of agencies in the collaboration process.
3) Get strong commitment from all administrators and staff.

71

Part 4

Urban and Suburban Challenges

Infant Stimulation/Mother Training

Address: Department of Pediatrics
University of Cincinnati College
of Medicine
231 Bethesda Avenue
Cincinnati, Ohio 45267

Phone: (513) 872-5341
Type Project: Outreach

Fiscal Agency: University of Cincinnati

Contact: Earladeen Badger and Donna Burns*

Project Description:

This continuing education program for hospital-based maternity and nursery personnel provides training to implement infant stimulation/parent education support programs in hospital nurseries.

Synopsis of Interagency Coordination Program:

United Services for Effective Parenting (USEP) is a grass-roots effort to unite people and agencies implementing primary prevention programs for infants (birth to three years) and their parents. Health-care, educational, and social service agencies meet to share ideas, resources, referrals, and staff development programs at local and state levels in Ohio. Based on the success of the original Cincinnati network of birth-to-three services, USEP chapters are starting throughout the state. Local providers meet monthly to interact with professionals from diverse programs. Two of the local chapters feature Central Referral Services for cataloging and tracking referrals made to community birth-to-three programs.

The state coordinating body is the USEP-OHIO Council, comprised of 30 state leaders. The Council meets bimonthly. Its functions include: sponsoring local, regional, and state conferences; publishing a bimonthly newsletter; compiling a directory of services and resources for birth-to-three programs in Ohio; monitoring legislation which affects the nurturing, care, and education of very young children; providing consultation and education for members and the community; encouraging the formation of local USEP chapters; and providing a statewide organization for people with common concerns.

**Case study author.*

The Setting

The Problem

The recent proliferation of services for infants and their parents means more services are available for at-risk populations. Programs are delivered in classes, centers, clinics, and homes by trained professionals, aides, and volunteers. Though desirable, this diversity can lead to fragmentation, duplication, or lack of coordination among services. It also can confuse parents who might not know where to turn or whom to call first.

The Climate

The interagency coordination effort in Cincinnati came from the grass-roots level rather than in reaction to a federal or state mandate. Thus, it was conceived in a spirit of cooperation. The climate was positive, emphasizing openness and individual expression.

Project Commitment

The ability of the Infant Stimulation/Mother Training Program (IS/MT) to take the lead in forming USEP was recognized by local programs. Accordingly, IS/MT was designated initially as the site for the USEP Central Referral Service and later as the central office for statewide USEP-OHIO activities. IS/MT obtained funding for the operation of the local Central Referral Service and to complete state USEP activities (i.e., compilation and publication of the *State Directory of Programs and Services for Birth-to-Three*, stationery, brochures). These funds and the time invested by IS/MT staff were strong indications to the community of IS/MT's commitment to the interagency effort.

The Start

Base in Theory/Research/Practice

The rationale for linking the 33 programs in the Cincinnati area was based on a coordinated community service delivery model outlined by Aiken (1975). Comprehensiveness, compatability, and cooperation are presented as components of the model with interacting system elements of programs, resources, clients, and information. Steps taken on the basis of this model included:

1) Identifying groups leaders;
2) Bringing together professionals on a regular basis;
3) Offering tangible services (i.e., Central Referral Service, monthly newsletter, local service directory).

Planning

Initially, the interagency coordination effort resulted from a December 1974 meeting for infant programs hosted by IS/MT. At the meeting, programs shared their intervention goals, strategies, and formats. The sharing, group problem-solving, and emotional support were so helpful the participants wanted to keep meeting monthly. At later meetings, the group decided to plan the structure of USEP by committee. Accordingly, everyone became involved in planning through various committees: 1) membership, 2) public relations, 3) central referral service, and 4) constitution.

Approaching Agencies

One successful technique for involving agencies was to offer a tangible benefit immediately seen and felt by the programs. These included educational materials (books, films, and toys), regular meetings with planned staff development programs, a local directory of birth-to-three services, and a Central Referral Service. The recognition of the program deliverer as "expert" was also important.

Drawing on strengths and talents of individuals showed each had something valuable to contribute to, as well as gain from, the group. As the lead agency, IS/MT had reaped benefits and carried burdens. We could exercise some control over the structure, quality, and evolution of the organization, but we could easily gain the distrust and resentment of the group if we tried to control too much.

Administrative Support

Designating one office and one person to operate the Cincinnati Central Referral Service was a sign of administrative support. IS/MT staff were encouraged to contribute time and effort to the local USEP chapter, and other program staff were permitted by their respective agencies to attend monthly meetings. Support was gained at the administrative level by involving medical doctors as members of the USEP Board of Trustees, thus ensuring the University of Cincinnati (U.C.) College of Medicine's investment in our organization.

The Process

Human Resources

Aside from the list of obvious personnel resources which can spur an interagency coordination effort on to success—leadership, commitment, creativity, assertiveness, knowledge, experience, group facilitation—three elements are critical on local and state levels: USEP's most effective leaders are enthusiastic about their mission, have the necessary diplomatic skills, and have the time to devote to it. In fact, the element of time seems to be most critical for the translation of good intentions into action.

Physical Resources

The various local USEP chapters that have begun throughout Ohio are operating with minimum physical resources. A meeting room large enough to accommodate the providers on a monthly basis is needed. Also, it is helpful for at least one agency to give permission to use its copy machine, stationery, and telephone for conducting USEP business.

Fiscal Resources

Local USEP chapters charge individual membership fees (ranging from $2 to $5) to cover the printing and postage costs of sending monthly minutes and announcements of meetings. The Cincinnati Central Referral Service (CRS) is supported by the Maternity and Infant Care Project and the Department of Pediatrics, U.C. College of Medicine; the Dayton CRS was recently awarded a grant from Developmental Disabilities. The state organization, USEP-OHIO, receives funding from memberships; from the Department of Pediatrics, U.C. College of Medicine; and from Special Education Programs, U.S. Department of Education. The funds pay for printing of the state directory, newsletters, brochures, stationery, and other costs.

Information Resources

Valuable information has been shared at monthly meetings; e.g., fund-raising sources and strategies, staff training and development techniques, early detection and referral, evaluation tools and methods, parent counseling, community resource sharing, and individual program updates and service descriptions. Also, information has been exchanged between agencies as a result of the Central Referral Service. The CRS compiles and catalogs information on all community infant services. CRS operation requires knowledge of program organizational structures, the numbers and areas they serve, and familiarity with agency personnel, policies and abilities. At the state level, information is shared on funds and pending legislation affecting early intervention programs. Specific information regarding the successes and failures of local USEP chapters is shared.

Management

On a local level, agencies are invited to meet regularly to share resources, materials, program updates, and inservice training programs. For example, USEP-Cincinnati's agendas and programs are determined by a steering committee, comprised of four elected officers, and based on preferences of the rest of the group. At the state level, 30 regional organizers meet bimonthly to plan activities (i.e., annual conference, state directory) and to pool ideas about local interagency coordination efforts. Both the USEP-OHIO and the USEP-Cincinnati chapter are non profit corporations, complete with constitution, bylaws, board of trustees, and elected officers. This was done primarily for financial reasons; other local USEP chapters have not found it necessary to incorporate.

Communications

The primary vehicle for facilitating communication between agencies has been the scheduling of regular meetings. One hour of the meeting time is devoted to a planned program and discussion. Before the meeting, people gather to eat lunch, socialize, and catch up on individual program news. Meeting and sharing on an informal, personal level has helped break barriers between agencies. Communication also is enhanced when a Central Referral Service is part of the coordination effort. Because of frequent contact with agencies making and receiving referrals, the CRS coordinator is aware of shifts in community or agency policies, funding levels, problems, expansions, and needs. The coordinator serves as a liaison between agencies, helping them to share resources and information.

Driving Forces

1) At least two committed, interested persons with vision, time, and energy to pursue the interagency coordination goal;

2) The support of the umbrella agency through participation of administrative personnel in planning stages; in-kind contributions such as staff release time, postage, and printing costs; or simply tacit permission for you to pursue the goal of interagency coordination;

3) Grass-roots initiative and support.

Restraining Forces

The most inhibiting factor to our growth as an organization was the initial inability to accept differences in the levels of participation and commitment of different agencies and individuals. This diversity of involvement occurred at local chapter meetings and the state USEP-OHIO planning meetings and was a source of disappointment and resentment. Also, the tenuous funding of primary prevention efforts resulted in programs going in and out of business. The different levels of participation related to longevity and stability of programs.

Overcoming Roadblocks

We soon came to recognize that different levels of participation are acceptable and that our organization could meet agencies' varying needs. A core group of faithful participants and workers emerged and have become "active" members. "Associate" members of USEP are involved at a less intense level; but they still want to be part of the organization, be apprised of its activities, and participate when possible. Other agencies have become very involved initially, when they need advice, information, and support. As needs change, their level of activity in USEP lessens. We accept this and see it as a strength of our group.

The Results

Informal Agreements

The Central Referral Service operates on a basis of voluntary cooperation. Community agencies have entrusted the CRS with the responsibility of accepting referrals involving children under 3 years of age, matching them with the appropriate service, and following up to see if the family became involved in the program. Agencies regularly share information about whether a client is receiving their services and all cooperate in the follow-up/tracking system. The local USEP chapter meetings are also a result of informal agreement of agencies to share regularly their resources, educational materials, current child development/parenting information, and funding concerns.

Formal Agreements

No entry.

Positive Effects

1) Gaps are documented and new programs are created to fill those gaps.

2) Services to young children and families are strengthened due to the training and consultation options available through USEP.

3) Community awareness regarding birth-to-three programs contributes to better use of those services.

4) Personal and professional development of program practitioners occurs through a support system that provides a forum for sharing, resolving, and directing individual and group concerns.

5) Coordination occurs at the service delivery level despite difficulties at the administrative level.

6) Program accountability is a natural outcome of a process which promotes self-evaluation and peer approval.

Negative Effects

No entry.

Evaluation Strategies

Evaluation of the effectiveness of USEP's Central Referral Service is ongoing. Records are maintained on the number and percentage of children in early intervention programs as a result of the CRS; reasons families fail to become involved are recorded, as are the sources of the referrals. Thus, evaluation of the capability of the CRS to refer families and follow-through may be made from year to year; also, any growth and change in the flow of referrals to the CRS may be evaluated. Yale University's Bush Center in Child Development and Social Policy is evaluating the effectiveness of USEP's efforts to coordinate birth-to-three services throughout Ohio.

Expectations vs. Reality

Our ability to have an impact at the state and federal levels is slower to occur than expected. Becoming a political force requires support in numbers and widespread acceptance and credibility. This is occurring, however, through our informal consultations with state department planners, outside evaluation by the Bush Foundation for Child Development and Social Policy, involvement in study groups and committees at the national level, and by our own recent inclusion of prenatal and perinatal health-care deliverers. At times, it seems we are meeting only the needs of the children and families we serve; at other times we seem to be becoming more effective child and family advocates as we affect more strongly social policy and legislative decisions.

Replication

USEP-DAYTON
c/o C. Guyselman
1760 Wittenberg Blvd. E.
Springfield, Ohio 45506
(513) 325-9102

USEP-COLUMBUS
c/o J. Mattox
307 Blandford Ave.
Worthington, Ohio 43085
(614) 846-8920

USEP-CLEVELAND
c/o C. McKay
19419 Scottsdale Blvd.
Shaker Heights, Ohio 44122
(216) 283-5544

USEP-TOLEDO
c/o C. Quick
Toledo Public Schools
Manhattan and Elm
Toledo, Ohio 43608
(419) 666-5180

USEP-LIMA
c/o S. Thomas
311 E. Market St.
Suite #310
Lima, Ohio 45802
(419) 229-7045 or
7055

Resources:

- Badger, E. & Burns, D. A Model for Coalescing Birth-to-Three Programs. In L. Bond and J. Joffee (Eds.), *Facilitating Infant and Early Childhood Development*. University Press of New England: Hanover, New Hampshire (in press).
- Planning to conduct nationally sponsored two-day worshop in 1982 for those interested in replicating USEP model.

Free Advice

1) Start at the grass-roots level;

2) Provide local program deliverers a chance to express their creativity, to nurture their leadership talents, and to devote the necessary time and energy to build a better service delivery system;

3) Develop a Central Referral Service to encourage cooperation rather than competition.

A Regional Demonstration Program for Preschool Handicapped Children

Address: Putnam/Northern Westchester
Board of Cooperative
Educational Services
Yorktown Heights, New York 10598

Phone: (914) 962-2377
Type Project: Demonstration

Fiscal Agency: Putnam/Northern Westchester Board of Cooperative
Educational Services (BOCES)

Contact: Amy Toole*

Project Description:

This two-county, regional program serves handicapped children, ages birth to five, in the rural, urban, and suburban communities of 18 school districts. Home- and classroom-based programs are provided.

Synopsis Of Interagency Coordination Program:

The Board of Cooperative Educational Services (BOCES) Interagency Coordination Program thinks regional programs and transdisciplinary team models are effective methods for meeting handicapped children's needs. BOCES coordinates three agency types: 1) local education agencies; 2) other early childhood regular and special education service providers; and 3) agencies providing related services. Based on individual agency needs, the program fosters positive staff relations, clear and continuous communication and development of uniform procedures and policies. Positive attitudes, including respect for other staff and program philosophies, persistence, and helpfulness are keys to successful cooperation.

**Case study author.*

The Setting

The Problem

In 1976, the Putnam/Northern Westchester BOCES Special Education Department began child find and service delivery for preschool handicapped children. Only a few services existed in the community, and coordinated interagency efforts were few.

The Climate

LEAs, other providers of Early Childhood Special Education (ECSE) services, and related services providers perceived various advantages and disadvantages of coordinating services. Advantages for LEAs included: 1) expanding the continuum of services for their handicapped children; 2) preventing the need for special education services at school age; and 3) providing services without increasing local staff responsibilities. Other providers felt BOCES services would expand opportunities for children not served or not served appropriately. Related services felt that educational opportunities would become available for their children.

On the negative side, LEAs feared incurring local fiscal responsibility following the end of HCEEP federal funding. Other providers and related services feared loss of referrals.

Project Commitment

Focusing on the advantages perceived by the three agency types, BOCES formulated three interagency goals:

1) To provide services for children from component LEAs;
2) To avoid duplication of services;
3) To provide additional needed services.

Meetings were held with representatives of all agencies to demonstrate BOCES' commitment to these goals and to foster a feeling of mutual trust and cooperation. At these meetings, agencies' needs were solicited, and information was gathered about their programs. Subsequent changes made in the proposed BOCES service delivery model showed a commitment to prevent duplication of services. For example, BOCES altered plans to serve severely retarded children since this service was offered by other agencies.

The Start

Base in Theory/Research/Practice

BOCES services are a legislated part of the educational delivery system (historically a strong framework for a regional approach exists in New York State). Furthermore, the school-age programs in special and occupational education developed since 1948 show quality services can exist on a regional basis.

The concept of individual team members sharing and learning together across disciplinary boundaries was extended naturally to encompass organizational sharing and learning (transdisciplinary team model).

Planning

Initial activities for developing interagency cooperation included:

1) Hiring staff committed to respecting personnel from other agencies and disciplines;
2) Visiting other programs and agencies to identify gaps in community services;
3) Developing readable material about the BOCES program.

Approaching Agencies

Agencies were approached by administrators and staff. Group meetings were set with LEAs, and agenda were kept informative and specific; time always was left for questions regarding agency concerns. A letter describing the projected BOCES program was sent to other agency directors, and individual meetings were held. To reduce competitiveness among agencies, the BOCES administrator focused these meetings on the accomplishments of the other agency and how the BOCES program might use those services.

Administrative Support

Techniques used to ensure administrative support included:

1) Presenting awareness workshops about the program to audiences such as chief school administrators and school business administrators;
2) Providing minutes for all group meetings;
3) Writing thank-you notes after all individual meetings;
4) Offering to provide extra services such as workshops, typing of invitations, and case management meetings.

The Process

Human Resources

Successful cooperation with all three agency types stemmed from positive staff relations among agencies. This resource was enhanced in several ways. Staff were trained to relate warmly and sincerely to others, refrain from personal judgments, and respect other opinions. Perceiving interagency cooperation to be part of their jobs, staff reviewed all printed material about BOCES and other agencies, conducted role plays prior to meeting with staff from other agencies, visited several community agencies each year, and received training from other agencies. Due to these activities, other agencies sensed a sincere interest in and respect for their services.

Physical Resources

Located at the geographic center of the 18 school districts, the BOCES facility was a convenient meeting place. However, meetings intermittently held at other agencies fostered a better knowledge of their services and facilities and a closer camaraderie among staff members. Individual cases were coordinated mostly by phone. Two-way release forms permitted open lines of communication with pediatricians and other doctors, clinics, and nursery programs.

Fiscal Resources

No specific funding was necessary for the types of interagency efforts described. Administrative commitment of personnel and physical resources (e.g., secretarial, photocopying, and phone) were necessary ingredients.

Information Resources

Written procedures were essential to communicate effectively with such a variety of agencies; these were included in each staff member's *Project Manual* for easy access and review. Procedures addressed such topics as: 1) gathering appropriate releases from parents; 2) communicating with school districts and nursery schools; 3) meeting with agencies for case reviews; and 4) observing in nursery schools. A slide-tape description of the program and a visitor orientation packet allowed the program to be represented consistently regardless of the specific staff member sharing the information.

Management

No formalized procedures or bylaws were used. A team approach was taken, though BOCES initiated many meetings and followed up on details. Successful methods for cooperation included: basing agenda on needs and suggestions from other agencies; brainstorming sessions; and focusing on a common goal such as a child's welfare or legislation.

Communication

Effective communication with agencies was fostered by training staff in methods of postive communication, visiting other agencies, distributing minutes, writing thank-you notes, offering to follow up on details, and emphasizing orally the value of working together for the good of the child and the community.

Driving Forces

The need to provide LEAs with accurate information regarding children and to provide comprehensive services to all handicapped children within the region provided the impetus for continued interagency efforts.

Restraining Forces and Overcoming Roadblocks

Restraining forces were sometimes caused by poor communication or defensiveness by individual personnel and agencies. For each negative force, a positive resolution was found. The following are some typical examples:

1) • Problem: Different LEAs asked for different communication procedures.
   • Resolution: Procedures for each district were written by the administrator and distributed to the staff.
2) • Problem: Small agencies and regular nursery schools did not refer for fear of losing clients.
   • Resolution: Children identified through BOCES screening were referred to these agencies.
3) • Problem: Different philosophical approaches of agencies adversely affected a child's program.
   • Resolution: Open and honest discussions were held between agency personnel and parents regarding advantages and disadvantages of each philosophy.
4) • Problem: Lack of time to develop strong communication systems.
   • Resolution: A time line was created to develop interagency cooperation activities over a three-year period.
5) • Problem: Staff disliked one another.
   • Resolution: Staff were trained to communicate positively and to meet with other agency personnel to discuss differences and arrive at compromises.

The Results

Informal Agreements

Oral agreements formed the basis for cooperating, though these were often confirmed by follow-up letters. Certain documents were useful in coordinating efforts, e.g. position papers, service directories, and task force reports.

Interagency coordination developed through participation in joint activities such as:

1) Developing procedures for sharing information on screened children;
2) Meeting with LEA transportation supervisors to review busing needs;
3) Establishing a regional interagency Preschool Advisory Council;
4) Developing a contract with a hospital for on-site physical and occupational therapy;
5) Developing procedures for reporting suspected child abuse;
6) Developing procedures for referring children to local clinics for speech, language and audiological evaluations;
7) Developing case-review procedures for children and families attending local clinics, mental health agencies, and social services.

Formal Agreements

Written contracts were used only to define direct personnel services to children and families between two agencies. Staff and supervision responsibilities were outlined clearly.

Positive Effects

LEAs were provided with educational expertise, information for planning services for school-age children, and a cost-effective, replicable service for their children.

Other providers and related service agencies were provided with free screenings, consultations, a channel for group advocacy and a resource for staff training.

Negative Effects

Children received services away from their local community, and communication efforts often took too much time. Sometimes, parents became confused over differing philosophies of agencies serving their child.

Evaluation Strategies

The effectiveness of BOCES training efforts with groups from other agencies were evaluated by questionnaires. External evaluators mailed evaluation forms and conducted telephone surveys to measure agencies' perceptions of BOCES' interagency efforts. Records were kept on numbers of referrals from other agencies, referrals made to other agencies, numbers of case conferences per child, and attendance at meetings. Annual staff review of these results improved policies and procedures.

Expectations vs. Reality

Staff expectations of other agencies' personnel caused friction. Establishing cooperation took time. Patience and persistence over a period of years were needed to establish trust and a good reputation in the community.

Replication

No specific replications of this effort exist. However, methods for developing interagency cooperation activities are contained in the book *A Guide to Creating Community Awareness and Interagency Cooperation* (by C. Eagen, J. Jones, K. Petisi, and A. Toole; Yorktown Heights, New York; Putnam/Northern Westchester BOCES, 1980). This book is available for $7 from BOCES.

Free Advice

1) Maintain a positive attitude when working with all agencies;
2) Respect services and staff even when philosophies differ;
3) Persist in contacting and following up with other agencies;
4) Look for ways to provide help to other agencies.

These can be achieved without additional finances and without hiring specific interagency personnel. All people enjoy positive reinforcement for their efforts. When offers of help and services are added, interagency communication begins to flourish.

Appendices

Appendix A

Techniques for Group Decision Making

Characteristics	Brainstorming	Nominal Group	Synectics	Charrette	Force-Field Analysis	Survey	Nominal Group	Delphi
Information	Produces rank-ordered list of novel ideas.	Produces rank-ordered list of alternatives which represents group consensus.	Produces one highly novel & integrated solution (testable working model).	Produces one or more solutions to a specific problem.	Produces a list of forces for and against implementation of a specific strategy; forces can be ranked according to importance.	Produces extensive list of barriers from large number of concerned persons; responses may be averaged, ranked, or otherwise manipulated mathematically; can be used to address any type of barrier if the questionnaire is designed appropriately.	Produces large list of barriers which represents consensus of group; importance of different barriers also is weighted in terms of rating of importance (this establishes priority of barriers); technique can be used to address any type of barrier.	Produces list of barriers representing consensus of groups of knowledgeable persons; importance of different barriers can be weighted; technique is useful to address all types of barriers.
Effectiveness	Better than unstructured group; research says not as good as other techniques.	Much research finds it effective; too structured for some problems or groups.	Very productive but little research has been reported on the technique's effectiveness.	Little research available on effectiveness, especially education program problems.	Effective as a tool for identifying factors that will inhibit or facilitate strategy implementation.	If the questionnaire is carefully designed and presented, the results will accurately reflect feelings and needs; reliability and validity may be estimated; information is first hand and procedures can be used to assess program; can generate some support among constituents.	Much better than an unstructured group discussion but it may not be precise enough depending on problem; selection of persons to serve on panels is critical; structured discussions can be highly beneficial for both information and support.	Because technique involves practitioners and experts, list of barriers may be long and varied; must use local participation in process to arouse interest; effectiveness depends on scheduling, persons involved, and director's ability to group and interpret results.
Flexibility	High: can be used with any number of problems and in any setting.	High: can be used with any number of problems and in any setting.	Moderate: most applicable with concrete problems.	High: can be used with any number of problems in most settings.	High: useful with any type of strategy.			
Complexity	Low: must be familiar only with the problems.	Moderate: requires good initial question.	Moderate to high: participants must be able to use analogies.	Moderate: must ensure adequate representation of various viewpoints; requires skills in managing group dynamics.	Low: requires reasoning from experience.			
Resources a) Person Hours	Low: 2-3 hrs/person plus additional leader time.	Moderate to Low: 3-4 hrs/person plus additional leader time.	High: 20 + hrs/person; outside experts; training program for leaders.	Moderate: 10-20 hrs/person plus additional leader time; outside experts.	Low: 10 hours administrative and 2 hours LPC.	High: can be short or long, directed to many or few, used to address simple or complex subjects; can be used in any situation; assumes respondents can read or understand verbal instructions.	High: useful in a variety of settings with a variety of problems; can be used to assess all types of barriers; assumes respondents can communicate in a group.	High: can be used with different kinds of experts and problems; time required is less flexible than most; must carefully attend to timing in order to ensure high return rate and interest.
b) Funds	Minimal	Minimal	Moderate to High	Minimal	Low	Moderate: questionnaire construction requires skills, but questionnaires can be borrowed; interpreting results must be done carefully or with consultation if coordinator lacks experience.	Moderate to low: relatively simple and easy to administer or direct; must adhere to the rules; must construct problem statement (NGT question) very carefully.	Moderate to High: questionnaires require careful wording, attention to the process, conscientious management, and good judgement on categorizing and merging responses.
c) Equipment	Room, chairs, chart.	Room, chairs, flip chart, other supplies.	Meeting room.	Room, chairs, paper, pencils, charts, possible arrangements for meals.	Low: room for meeting, flip chart.	Moderate: low if you use already developed questionnaire; high if you must get someone to develop questions; machine scoring takes time; postage and supplies may also be required.	Low: administrative preparation lower than some techniques; requires time to contact persons, plan meeting, and conduct meeting; required resources include meeting room, flip pad, and time.	Low to Moderate: materials are inexpensive, but there is moderate time requirement to coordinate questionnaire development, record & group responses, and reformulate the questionnaire, no special equipment, but postage and paper are required.

Compiled from: Rice, E., Hughes, J., Lowman, B., Etheridge, R., Lasleh, B., & Mace, R. *Planning for Vocational Education Accessibility.* U.S. Department of Education: 1980.

Appendix B

CONTRIBUTOR REVIEW FORM FOR INTERAGENCY CASEBOOK

HCEEP Project: ______________________________

Address: ______________________________

____

____

____

Phone: ______________________________

Status: (check one)

_____ Demonstration _____ Outreach _____ SIG _____ Continuation

Overview and Directory Abstract: Page _______

Referral: ______________________________

Project Contact: ______________________________

. . . .

1. Identify agencies involved in interagency coordination with this HCEEP project:

   _____ Public Schools
   _____ Hospital
   _____ Developmental Disabilities
   _____ Social Services
   _____ Day Care
   _____ Crippled Childrens
   _____ Head Start
   _____ Mental Health
   _____ Health Departments

   Others:

2. How long has this interagency coordination effort been going on?

3. Is interagency coordination an explicit objective of this project's HCEEP grant?

4. Identify the geographic focus of this project's interagency coordination program: (check one)

   _____ local _____ countywide _____ regional _____ statewide

5. Did this HCEEP project initiate the interagency coordination program or respond to another agency's initiative?

6. Can the project provide a written description of the interagency coordination program?

7. Has the project developed written interagency agreements about direct services to children and families? Describe:

8. Has the project developed written agreements about interagency allocation of resources: (please check)

_____ a) First dollar agreements

_____ b) Complimentary dollar agreements

_____ c) Complimentary personnel/dollar agreements

_____ d) Shared personnel agreements

_____ e) Shared facility agreements

_____ f) Shared equipment and materials agreements

9. Has this project's interagency coordination program been evaluated?

10. Is the formal evaluation report and/or other documentation of interagency coordination effectiveness available?

11. Has this project developed materials to assist interagency coordination replication sites? Describe:

12. Is the project's interagency coordination program being replicated? Describe:

13. Has the project secured long-term funding for its interagency coordination program? Describe:

14. List references for this project's interagency coordination program:

Name	Title/Agency	Phone No.

15. Is the project able to provide writing samples?

Appendix C

INTERAGENCY CASEBOOK FORMAT DESIGN

Please rate the following topics for their potential usefulness (high-3, medium-2, low-1) to HCEEP projects seeking to initiate interagency programs.

	High	Medium	Low
a. Key agencies involved	3	2	1
b. Techniques for approaching agencies	3	2	1
c. Situation requiring interagency coordination	3	2	1
d. Start up time	3	2	1
e. Geographic focus	3	2	1
f. Administrative support	3	2	1
g. Resources needed to get going	3	2	1
h. Others' perceptions of HCEEP project	3	2	1
i. Expectations/reality	3	2	1
j. Cooperative/uncooperative agencies	3	2	1
k. OSE support	3	2	1
l. Relation to HCEEP grant objectives	3	2	1
m. Funding of interagency	3	2	1
n. Interagency agreements, informal	3	2	1
o. Interagency agreements, written	3	2	1
p. Helping influences	3	2	1
q. Hindering influences	3	2	1
r. Evaluating interagency	3	2	1
s. Other models/research for interagency	3	2	1
t. Client population	3	2	1
u. Positives of interagency effort	3	2	1
v. Negatives of interagency	3	2	1
w. Long term prospects/transitions	3	2	1
x. Key personnel	3	2	1

Results of Interagency Casebook Format Design Survey

(n = 6)

Highest Ranking (15-18 high points)

a. key agencies involved
b. techniques for approaching agencies
n. interagency agreements, informal
r. evaluating interagency
u. positives of interagency effort
x. key personnel

Next Highest Ranking (15-18 high/medium points)

c. situation requiring interagency coordination
f. administrative support
i. expectations/reality
o. interagency agreements, written
v. negatives of interagency
w. long term prospects/transitions

Third Highest Ranking (12-14 high/medium points

d. start-up time
j. cooperative/uncooperative agencies
l. relation to HCEEP grant objectives
m. funding of interagency
p. helping influences
q. hindering influences
s. other models/research for interagency

Items Remaining

e. geographic focus
g. resources needed to get going
h. others' perceptions of HCEEP project
k. OSE support
t. client population

Appendix D

Interagency Casebook Chapter Format

HCEEP Project ______________________________

Address: ______________________ Phone: ______________________

______________________ Type Project: ______________________

____

Fiscal Agency: ______________________________

Contact:

Project Description:

Synopsis Of Interagency Coordination Program:

Outline Of Interagency Casebook Chapter Format

I. The Setting

- A. The Problem
- B. The Climate
- C. Project Commitment

II. The Start

- A. Base in Theory/Research
- B. Planning
- C. Approaching Agencies
- D. Administrative Support

III. The Process

- A. Human Resources
- B. Physical Resources
- C. Fiscal Resources
- D. Information Resources
- E. Management
- F. Communications
- G. Driving Forces
- H. Restraining Forces
- I. Overcoming Roadblocks

IV. The Results

- A. Informal Agreements
- B. Formal Agreements
- C. Positive Effects
- D. Negative Effects
- E. Evaluation Strategies
- F. Expectations vs. Reality
- G. Replication
- H. Free Advice

Notes For Interagency Casebook Chapter Format

1) HCEEP PROJECT, ADDRESS, PHONE and FISCAL AGENCY are the same as submitted for HCEEP Overview and Directory.
2) TYPE PROJECT is either demonstration, outreach or SIG.
3) CONTACT is project person most knowledgeable of interagency work; could be more than one.
4) PROJECT DESCRIPTION is one sentence that captures key features of the *HCEEP project* conducting the interagency effort. The PROJECT DESCRIPTION should include, if applicable, geographic focus (rural/urban); ages of children served; handicapping conditions or degree (severely impaired deaf 3-5 year olds); treatment setting (home/classroom); and educational model (behavioral, Piagetian, open classroom). Some examples:
   - — a preschool program with the designated purpose of mainstreaming mildly and moderately handicapped children with nonhandicapped children.
   - — a program serving children three years of age and younger having a primary disability of moderate to severe neuromotor handicap with physical impairment severe enough to limit motor activity.
   - — a home teaching program serving multicategorical children from birth to six years of age.
   - — a statewide program providing identification and language facilitation for hearing-impaired children, birth to age 6, through home management.
5) SYNOPSIS OF INTERAGENCY COORDINATION PROGRAM is a paragraph or two capturing the essence of your interagency effort for the reader. Plan to write this *after* completing the other sections; prior work on them should help distill your thinking.

I. The Setting

A. The Problem

Describe briefly the specific situation requiring interagency coordination. Typical problems are gaps and overlaps in services, poor communication among agencies, and scarce resources spread too thin to do much good. Tell why interagency coordination was the solution of choice, rather than another strategy like raising more funds. Be succinct so that readers can identify with you.

B. The Climate

Describe briefly the initial climate in your community (urban vs rural; county; multi-county; etc.) vis-a-vis interagency coordination. Were other agencies open to the idea or more often skeptical or hostile? What prior successful and unsuccessful interagency efforts influenced local thinking and receptivity? What shared values or common problems suggested cooperative effort? What differences stood in the way?

C. Project Commitment

Describe the HCEEP project's commitment to interagency cooperation. Evidence might include explicit proposal goals and objectives targeting cooperation; human and fiscal resources earmarked for the effort; benefits sought for project clients. What signs told fellow agencies that your commitment to interagency cooperation was a "serious" one?

II. The Start

A. Base in Theory/Research/Practice

Describe briefly any model(s) of interagency coordination or specific research or successful practices garnered from the literature or experience of others which influenced your approach. What, if any, early design decisions were made or concrete steps taken on the basis of theory, research, or successful practice?

B. Planning

Describe briefly planning which preceded the interagency coordination effort. What concerns (e.g., services, policy-issues, administration concerns) were addressed, by whom? Did planning result in specific goals set or strategies adapted? Did you confront definitional issues—i.e., service population, definitions of types of services? Were any major obstacles to coordination highlighted by the planning process? When (approximate date) did the planning begin?

C. Approaching Agencies

Describe techniques used to invite other agencies to join the interagency effort. Which approaches were most useful, least useful; why? Were any benefits or burdens associated with being "the lead" agency?

D. Administrative Support

Describe techniques used to gain administrative support, both from the project's fiscal agency and from other agency heads. How accessible were heads? List concrete signs of support such as office space, secretarial help, release time, and executive participation.

III. The Process

A. Human Resources

List personnel resources which propelled the interagency coordination effort, e.g., special skills like group facilitation; training; assertiveness; political savvy; experience; knowledge; attitudes. These can be from the project and other agencies. Were any one or two of these absolutely critical in their presence or absence?

B. Physical Resources

List physical resources needed, such as equipment (phone answering machine, copier) and materials (paper, markers, etc.). Was any piece of equipment especially useful or conspicuously absent? What about access to meeting space?

C. Fiscal Resources

Describe how the interagency effort was funded. List major real dollar contributions from project and other agencies. Who covered, and to what extent, salaries, postage, phone, printing, transportation, etc.? Were costs shared evenly by participating agencies and, if not, were any ill effects perceived? To help our readers, estimate the minimum dollars needed both to launch and to maintain successfully such an effort.

D. Information Resources

List information provided to or shared among agencies that was useful. Examples might be agency policies and regulations, mandating legislation, descriptions of services, child counts, flowcharts of service delivery and organizational structure, and planning documents. Was any literature on interagency coordination reviewed; useful? Was any necessary information hard to get; why?

E. Management

Describe briefly the management structure of the coordination effort. How often did agencies meet and for what purposes? Did one agency, or several agencies, assume leadership responsibility? How were agendas determined? Did the agencies formalize their interactions with bylaws, elections, etc? List management or organizational decisions and/or processes which were especially useful; not useful. Did the agencies choose to make (forced to make?) major structural changes? Address, if applicable, the question of the need for a full-time independent interagency facilitator or coordinator.

F. Communications

List strategies for keeping communication lines open between and among agencies. Were any steps taken to enhance the quality of interpersonal communication?

G. Driving Forces

List the *critical* driving forces which enhanced the development and operation of the interagency coordination effort. Among these might be 1) a school superintendent's commitment and participation; 2) federal funding; 3) need for a single child assessment system; 4) state department mandate for interagency cooperation.

H. Restraining Forces

List the *critical* restraining forces which inhibited the development and operation of the interagency coordination effort. Among these might be: 1) lack of funding; 2) a major service provider refusing to join; 3) failure of a previous attempt at interagency coordination; 4) competition for clients; 5) bureaucratic *rigor mortis*.

I. Overcoming Roadblocks

List strategies effectively used to eliminate or diminish restraining forces above or other difficulties encountered. Be specific, i.e., X strategy overcame Y roadblock.

IV. The Results

A. Informal Agreements

List informal agreements reached in the course of the interagency coordination effort. Though usually verbal and flexible, informal agreements commit agencies to fulfill certain roles and responsibilities. For example, agencies may agree informally to share staff development resources.

B. Formal Agreements

List formal agreements reached in the course of the interagency coordination effort. Formal agreements are written and generally understood as binding for the foreseeable future. Some formal agreements take the form of contracts by which agencies exchange money for goods and services. Formal agreements might address: 1) joint funding of a shared physical therapist; 2) apportioning of responsibilities for child find, evaluation, and service provision among several agencies; 3) the process by which case management responsibility is determined.

C. Positive Effects

List positive outcomes of the interagency effort, both intended and unintended. These could include a streamlined service delivery system; greater access to related services; comprehensive child evaluations; less turf protection; money saved. Be specific!

D. Negative Effects

List negative outcomes of the interagency effort, such as domination by a single agency; role confusion; more complicated referral process; unresolved turf battles; communication difficulties. These should be different from "restraining forces" (see H. above), that is, these negative effects can be traced to the interagency effort itself.

E. Evaluation Strategies

Describe briefly strategies used to evaluate the interagency coordination effort. What kinds of documentation were useful to the evaluation? List evaluation resources: research, consultants, etc. List available evaluation reports, progress reports, and other documentation substantiating the success of the interagency effort.

F. Expectations vs. Reality

Describe briefly any discrepancies between initial expectations for the development and operation of the interagency effort and the reality of the process and products. Negative expectations turned positive are useful, too.

G. Replication

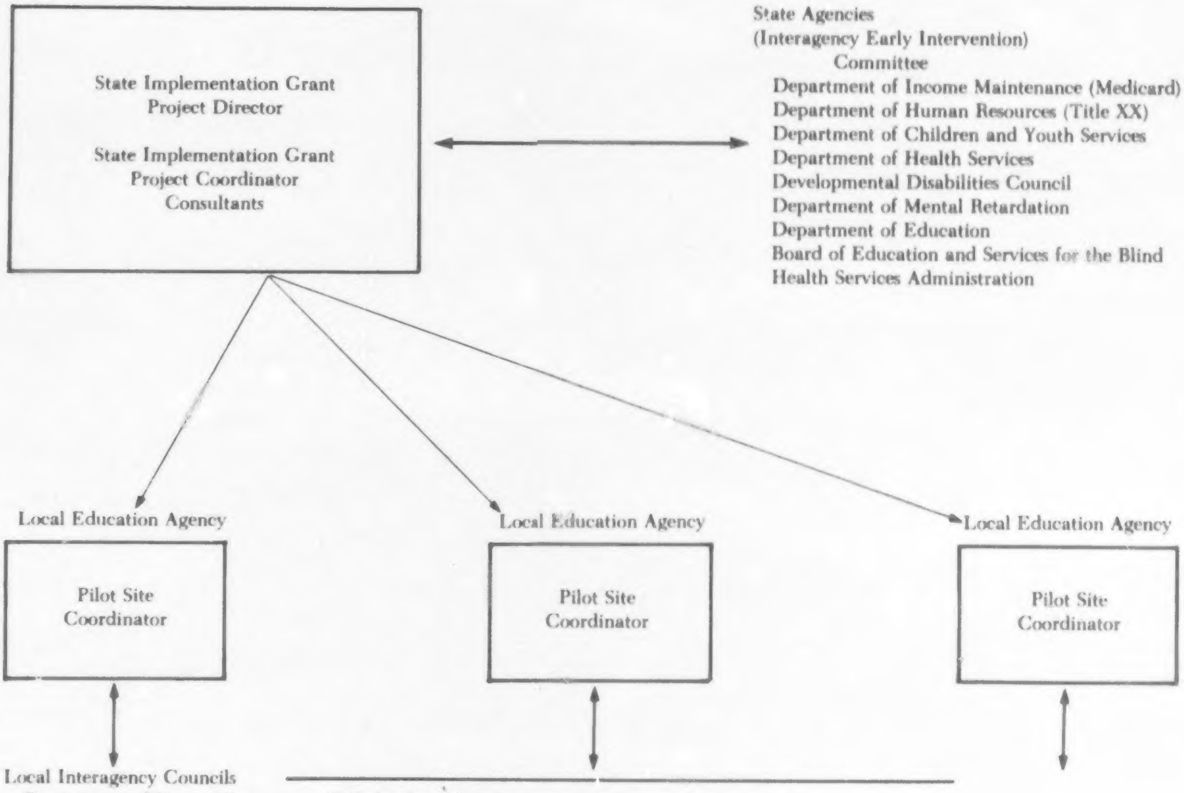
List any sites (names, addresses, phone numbers) replicating the interagency coordination effort. List any materials developed (books, slidetapes, etc.) or resources *available* to assist potential replication sites (give full bibliographic notation, availablility source, and cost, if any).

H. Free Advice

List the three keys to success of this interagency coordination effort.

Appendix E

Connecticut State Implementation Grant Project



State Agencies
(Interagency Early Intervention)
Committee
- Department of Income Maintenance (Medicard)
- Department of Human Resources (Title XX)
- Department of Children and Youth Services
- Department of Health Services
- Developmental Disabilities Council
- Department of Mental Retardation
- Department of Education
- Board of Education and Services for the Blind
- Health Services Administration

Local Interagency Councils
- Department of Human Resources—Title XX Day Care
- Department of Child and Youth Services—Early Childhood Programs, Child Guidance Clinics, Child Protection Teams
- Department of Health Services—Child Development Clinics, Health Services for Handicapped Children Clinics
- Department of Mental Retardation—Regional Center
- State Department of Education—Local Education Agency Early Childhood Programs, Title I Programs, Child Find, Regional Educational Service Centers

Appendix F

INTERAGENCY AGREEMENT
between
CONNECTICUT STATE DEPARTMENT OF HEALTH SERVICES
and
CONNECTICUT STATE DEPARTMENT OF EDUCATION
FOR SERVICES TO PRE-SCHOOL AGE HANDICAPPED CHILDREN

The Connecticut State Department of Health Services and the Connecticut State Department of Education support the right of all handicapped children to receive a free appropriate public education including all necessary special education and related services.

All requirements of federal and state statutes and regulations regarding the provision of educational and medical services to this population will be met.

The governing statutes are: Section 10-76a-q, Sections 4-190 to 197, Section 10-15b, Section 19-4 and Sections 19-19 to 22b of the Connecticut General Statutes and their respective regulations; and federal statutes 20 U.S.C. 1401 et. seq. (the Education for All Handicapped Children Act of 1975), 20 U.S.C. 1232g (the Family Educational Rights and Privacy Act of 1974) and 43 U.S.C. 1302 (Title V of the Social Security Act) and their respective regulations.

All confidentiality and due process protections provided by law will be maintained for all identified handicapped children.

STATEMENT OF PURPOSE:

It is the purpose of this interagency agreement to clarify the responsibilities of the Connecticut State Department of Health Services and the Connecticut State Department of Education and to specify the terms of agreement for implementation of a model to deliver comprehensive services to preschool handicapped children in three pilot sites.

According to Title V of the Social Security Act, the Connecticut State Department of Health Services:

1. Is required to cooperate with other agencies (medical, health, nursing, education, and welfare groups), with respect to services for crippled children. (Title V, 51a.121).
2. Is required to provide for (a) services for the early identification of children in need of health care and services, (b) diagnosis and evaluation of the condition of such children, (c) treatment services including at least appropriate services by physicians, appliances, hospital care and aftercare as needed; and (d) the development, strengthening, and improvement of standards and services for crippled children (51a.108).

The Connecticut General Statutes mandate that the State Board of Education shall ensure the provision of special education for children requiring special education. . .who have not attained school age, but whose educational potential will be irreparably diminished without special education at an early age. (Section 10-76d (b)(2) of the Connecticut General Statutes).

Federal law (Education for All Handicapped Children Act of 1975) mandates an active child identification procedure. The local education agency is responsible for ensuring that all handicapped children within its jurisdiction are identified, located, and evaluated. (See Section 121a.220, Rules and Regulations, Education for All Handicapped Children Act, Federal Register, August 23, 1977).

A. IMPLEMENTATION

The terms of this agreement will be implemented in three pilot sites effective January 1, 1980 for a period of one year. The pilot sites which have agreed to participate are Putnam, Bridgeport an Project LEARN's preschool program in Branford.

After six months, the caseload will be reviewed to determine the demand on the resources of the Department of Health Services. If the Health Services for Handicapped Children Unit is unable to meet this demand with existing funds and staffing, the agreement will be renegotiated at that time.

After a years duration, a committee of representatives from both state departments will meet to review results (as outlined in Section C), and negotiate the terms of this agreement in response to these findings.

B. DEFINITIONS

"Clinics" means the Health Services for Handicapped Children Clinics and the Child Development Clinics operated by the Connecticut State Department of Health Services.

"Early Childhood Special Education Network" is a source of technical assistance to professionals involved in the delivery of services to three to five year old exceptional children and their families. The Network was established by the Connecticut State Department of Education.

"Individualized Education Program" means a written statement for a handicapped child that is developed and implemented by the special education planning and placement team in accordance with federal regulations.

"Independent Evaluation" means all evaluations conducted by a qualified examiner who is not employed by a public agency responsible for the education of the child in question. (See Section 121a.503, Rules and Regulations, Education for All Handicapped Children Act, Federal Register, August 23, 1977).

"Special Education Planning and Placement Team" means a group of persons chosen from the teaching, administrative, and pupil personnel staff of the school district to perform the functions of making an evaluative study of any child referred to the team, determining whether the child requires special education. (Regulations of the State of Connecticut, Section 10-76b-1q).

"Related Services" means transportation and such developmental, corrective, and other supportive services as are required to assist a handicapped child to benefit from special education, and includes speech pathology and audiology, psychological services, physical and occupational therapy, recreation, early identification and assessment of disabilities in children, counseling services, and medical services for diagnostic or evaluation purposes. The term also includes school health services, social work services in schools, and parent counseling and training. (See Section 121a.13, Rules and Regulations, Education for All Handicapped Children Act, Federal Register, August 23, 1977)

"Sites" means the three pilot sites of Putnam, Bridgeport and Project LEARN's program in Branford.

"Special Education" means special classes, programs or services designed to meet the educational needs of exceptional children in accordance with the regulations of the commissioner, subject to approval by the State Board of Education, (Connecticut General Statutes, Section 10-76a)

"Approved Medical Care Provider" are medical care professionals who meet prevailing professional certification standards and have been designated as providers by the Chief, Health Services for Handicapped Children.

"Medical Care" means services by physicians and the allied services of dentists, nurses, medical social workers, nutritionists, dieticians, physical therapists, occupational therapists, speech and hearing specialists, optometrists, technicians and other personnel whose services are needed in the maternal and child health and crippled children's programs.

C. EVALUATION AND MONITORING

Evaluation of the provision of services in accordance with this agreement will include a review of the process, service delivery and fiscal implications. The evaluation results will determine the basis for the terms of renewal of this agreement.

Representatives from the Health Services for Handicapped Children Section of the Connecticut State Department of Health Services and the Bureau of Pupil Personnel and Special Educational Services of the Connecticut State Department of Education will form a joint committee to monitor compliance with the terms of this agreement in the pilot sites and to oversee its evaluation. The joint committee will meet monthly and make quarterly written progress reports to the commissioners of the two departments. The format and content of these reports will be determined by this committee. The committee will also be charged with specifying the data to be collected and the process to be used to collect it.

D. AGREEMENT TERMS

The following terms are agreed to by the State Department of Health Services and the State Department of Education.

1. The State Department of Education will ensure that the school districts in the three sites will convene a planning and placement team for each child for whose education the district is responsible who is identified and referred by the Child Development Clinics and Health Services for Handicapped Children Clinics operated by the Connecticut State Department of Health Services and who will have attained the age of three by January 1 of the school year.

   With parental consent, Department of Health Services clinic personnel and/or qualified and approved providers who have seen the child will be invited by the school district to participate in the planning and placement team meeting at which the individualized education program is formulated.

   A planning and placement team which includes members of a Department of Health Services Clinic and/or qualified and approved medical care providers may designate the clinic as a provider of medical services which are needed by the eligible handicapped child. The program for the child shall include (1) the individualized education program, and (2) the delivery plan for the services to be provided by the Department of Health Services, including the responsibility for the cost of these services. When determined appropriate, certain activities may be conducted by special education staff, under the supervision of Department of Health Services physical and/or occupational therapists. For those services provided by Health Services for Handicapped Children, the extent of financial responsibility will be determined by current Department of Health Services policy.

2. The State Department of Health Services staff will perform independent evaluations initiated by a planning and placement team, a parent's request, or as a result of due process procedures, in the areas of pediatric medical specialities, physical therapy, occupational therapy, speech/hearing, social services family assessment, and psychology at no expense to families or school districts under the following circumstances: (1) the original evaluation was not done by Department of Health Services staff, and (2) where inpatient hospital services would be required, they would be provided for by Health Services for Handicapped Children, contingent upon financial eligibility.

3. The State Department of Health Services program consultants, in occupational therapy and physical therapy will offer consultation to the early childhood special education personnel in the sites for a minimum of four on-site visits per school year. Consultation in other specialities may be arranged as needed. Such consultation will be provided by the State Department of Health Services.

4. The Department of Health Services Clinic personnel will serve as consultants to the planning and placement teams convened to serve preschool handicapped children in the three sites. In this consulting role, the Health Department employee is a resource to team members and a source of information. She/he may interpret a medical evaluation, advise on whether or not further medical evaluation is

needed, or help planning and placement team members to understand what questions a particular medical evaluation could answer about a particular child. She/he need not have done an evaluation of a particular child.

5. The staff of the State Department of Health Services will offer training to the personnel of the early childhood special education programs in the three sites. Planning and implementation of this inservice program would be jointly accomplished by the State Department of Health Services and the State Department of Education. This training would be made accessible to school personnel from other districts through the Early Childhood Special Education Network established by the Department of Education. Training would be designed to assist personnel to make appropriate referrals to specialists including but not limited to pediatricians, neurologists, occupational therapists, physical therapists, other medical specialists, and to access the health system and help families to do so as well.

6. The staff of the State Department of Education will offer inservice training to State Department of Health Services Clinic staff serving the three sites. Planning and implementation of this inservice program would be jointly accomplished by the State Department of Health Services and the State Department of Education. Training will be designed to assist clinic personnel in understanding the processes involved in planning and implementing special education programs for preschool handicapped children.

Douglas S. Lloyd, M.D.

Douglas S. Lloyd, Commissioner,
Connecticut State Department of
Health Services

Mark R. Shedd

Mark R. Shedd, Commissioner,
Connecticut State Department of
Education

29 February 1980
Date

March 3, 1980
Date

Appendix G

HEADSTART

WINDHAM AREA COMMUNITY ACTION PROGRAM, INC.

32-34 Broad Street
Danielson, Connecticut 06239

LEON RIOUX
Executive Director

(203) 774-0400
Telephone

AN AGREEMENT BETWEEN THE WACAP HEAD START PROGRAM AND THE PUTNAM PUBLIC SCHOOL

The WACAP Head Start Program and the Putnam Public Schools support the right of all exceptional children to receive a free appropriate public education including all necessary special education and related services in accordance with state and federal statutes and regulations.

It is the purpose of this interagency agreement to establish the responsibilities of the WACAP Head Start Program and the Putnam Public Schools for preschool age handicapped children, and to specify this group.

AGREEMENT TERMS

The following terms are agreed to by the WACAP Head Start Program and the Putnam Public Schools.

1. The Head Start Program shall be designated an appropriate placement for duly identified handicapped children who meet enrollment (some who are enrolled in the program) eligibility requirements for participation in the Head Start Program and for whom:

    a. The Individual Education Plan (IEP) indicated a need for socialization and general stimulation to reduce the possibility of the need for special services at age six (6) but for whom a self-contained non-categorical preschool class would not be the least restrictive environment.

2. When the WACAP Head Start Program is identified by the Child Study Team as the appropriate placement for a preschool handicapped child; that child will be given priority for admission.

3. The WACAP Head Start Program will participate in the development of the Individualized Educational Program for those handicapped preschool children accepted into thier program.

4. The Preschool Staff from the Putnam School System (which includes Teachers, Speech Clinicians and Psychologist) will provide appropriate educational services to enable the Head Start Program to implement the Individualized Educational Program.

5. The Preschool Staff from the Putnam School System will provide consultation and testing services for children attending the WACAP Head Start Program.

6. The WACAP Head Start Staff shall be eligible to apply for any and all training provided by the Putnam School System for personnel involvement in the education of handicapped children.

7. Confidentiality and due process procedures will be maintained in accordance with (the Head Start Performance Standards and) the regulations governing Act 10-76 and PL94-142.

This agreement shall apply only to 3-5 year old children who meet enrollment eligibility requirements and Head Start children who have been duly identified as handicapped according to procedures established by Act 10-76 and PL94-142. A review of this contract shall take place after the first full year of implementation.

EFFECTIVE DATES

This agreement shall become effective when signed by the agreeing parties.

HEAD START:

Helen Seele

Leon J. Rioux, Executive Director

Helen Seele, Head Start Director

Date

Date

PUTNAM PUBLIC SCHOOL SYSTEM:

Albert DePetrillo, Superintendent Of Schools

Date

HS;klm

Appendix H

An Agreement between the Thompson Day Care Center in Putnam and the Putnam Public School

The Thompson Day Care Center in Putnam and the Putnam Public Schools support the right of all exceptional children to receive a free appropriate public education including all necessary special education and related services in accordance with state and federal statutes and regulations.

It is the purpose of this interagency agreement to establish the responsibilities of the Thompson Day Care Center and the Putnam Public Schools for preschool age handicapped children, and to specify terms of agreement for cooperation in the delivery of services to this group.

Agreement Terms

The following terms are agreed to by the Thompson Day Care Center and the Putnam Public Schools.

1. The Thompson Day Care Center shall be designated an appropriate placement for duly identified handicapped children who meet enrollment *(some who are enrolled in the program) eligibility requirements for participation in the Thompson Day Care Center and for whom:

    a. The Individual Education Plan (IEP) indicated a need for socialization and general stimulation to reduce the possibility of the need for special services at age six but for whom a self-contained non-categorical preschool class would not be the least restrictive environment.

2. When the Thompson Day Care Center is identified by the Child Study Team as the appropriate placement for a preschool handicapped child; that child will be given first priority for admissions.

3. The Thompson Day Care Center will participate in the development of the Individualized Educational Program for those handicapped preschool children accepted into their program.

4. The Preschool staff from the Putnam School System (which includes Teachers, Speech Clinicians and Psychologist) will provide appropriate educational services to enable the Thompson Day Care Center to implement the Individualized Educational Program.

5. The Preschool staff from the Putnam Public School System will provide consultation and testing services for Putnam children attending the Thompson Day Care Center.

6. The Thompson Day Care Center Staff shall be eligible to apply for any and all training provided by the Putnam School System for personnel involved in the education of handicapped children.

7. Confidentiality and due process procedures will be maintained in accordance with the regulations governing Act 10-76 and PL94-142.

This agreement shall apply only to 3-5 year old children who meet enrollment eligibility requirements and Thompson Day Care Center children who have been duly identified as handicapped according to procedures established by Act 10-76 and PL94-142. A review of this contract shall take place after the first full year of implementation.

Effective Dates

This agreement shall become effective when signed by the agreeing parties.

Thompson Day Care Center

Mary Beth Leonard
Director

Putnam Public Schools

Albert DePetrillo
Superintendent of Schools